DOCUMENT RESUME

ED 342 987 CE 060 608

TITLE 75 Hour Nurse Aide Course.
INSTITUTION Iowa Univ., Iowa City. Coll. of Education.
SPONS AGENCY Iowa State Dept. of Education, Des Moines. Bureau of Career and Vocational Education.
PUB DATE Jul 89
NOTE 341p.; For related documents, see CE 060 609 and CE 060 613.
PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01/PC14 Plus Postage.
DESCRIPTORS Behavioral Objectives; Classroom Techniques; *Competence; Competency Based Education; Learning Activities; Medical Services; *Nurses Aides; *Nursing Education; Postsecondary Education; *Teaching Methods

ABSTRACT

This 75-hour nurse aide course has been designed to meet the training requirements of the Omnibus Budget Reconciliation Act of 1987 for aides working in nursing facilities and skilled nursing facilities. Emphasis in the course is on students achieving a basic level of knowledge and demonstrating skills to provide safe, effective resident care. The course is organized in six units. Unit 1 introduces the course, outlines the characteristics and functions of effective nurse aides, provides an overview of nursing facilities, and touches on legal/ethical requirements. Unit 2 focuses on a safe environment. Unit 3 discusses the aide's role in assisting residents with personal hygiene needs, and unit 4 discusses the nutritional needs of patients. Unit 5 describes routine care procedures performed by aides; the final unit, unit 6, emphasizes the needs of residents with special conditions. Included in the course syllabus is a competency list; teaching outlines for each unit that relate objectives, content, and teaching methods; and skills checklists for evaluating student achievement. (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED342987

75 HOUR NURSE AIDE COURSE

Developed By:

Program in Health Occupations Education
College of Education
The University of Iowa
N471 Lindquist Center
Iowa City, IA 52242

In Cooperation With

Bureau of Career and Vocational Education
Department of Education

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

July 1989

CE060608

BEST COPY AVAILABLE

NURSE AIDE COURSE

Course Description - This 75 hour nurse aide course has been designed to meet the training requirments of The Omnibus Budget Reconciliation Act of 1987 (OBRA) for aides working in nursing facilities (NF) and skilled nursing facilities (SNF). Emphasis in the course is on students achieving a basic level of knowledge and demonstrating skills to provide safe, effective resident care. The course has been developed in six units of study. These units include:

Unit I - Introduction to the course, characteristics and functions of effective nurse aides, overview of nursing facilities and skilled nursing facilities, methods to properly communicate, legal/ethical requirements, individuality, rights and needs of residents in nursing facilities.

Unit II - Residents' environment, aide's responsiblity in maintaining a safe environment. Skills include medical asepsis, handwashing, Universal precautions, fire and disaster plans, bed making, transferring residents, range of motion and safe use of restraints.

Unit III - The aide's role in assisting the resident to achieve their personal hygiene needs is stressed. Skills taught include oral hygiene care, baths, showers, whirlpool, nail care, grooming needs, shampooing, shaving and assisting with elimination needs.

Unit IV - Nutritional needs of people are discussed. Methods of assisting the resident to meet these needs including preparing for a meal and feeding a resident.

Unit V - Routine care procedures that an aide is expected to perform. The skills include vitals, obtaining resident height and weight, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

Unit VI - Emphasizes needs of residents with special conditions, observations that should be made and reported by the aide, ways the aide can modify their behavior in response to resident's behavior, caring for the dying resident.

**A list of the competencies (knowledges and skills) taught in the course can be found on page 3 of this document.

Course Approval: The course has been approved by the Department of Inspections and Appeals and is available from The Iowa Curriculum Assistance Center (ICAS), College of Education, N008 Lagomarcino Hall, Iowa State University, Ames, IA 50011. Phone 515-294-8919.

Course Teachers: Course teachers must be state approved (certified) teachers or must complete the approved teacher trainer program and be certified as nurse aide teachers.

Materials and Texts: Each college/facility will determine the text that will be used. Students will be given text assisgnments prior to the class when content is discussed. Handouts available from Program in Health Occupations Education, The University of Iowa, N479 Lindquist Center, Iowa City, IA 52242.

Methods of Teaching the Course: Lecture, discussion, film strips, handouts on special materials, demonstrations, laboratory practice, return demonstrations, role playing, textbook assignments and other appropriate activities will be used to assist the learner in mastering the competencies.

Clinical Requirmenmts: A minimum of 30 hours will be scheduled for a supervised clinical experience. The clinical setting shall be a nursing facility and the supervisor shall be the course teacher or their official designee. During this experience students will be assigned to provide care to one or more residents. Clinical evaluations will be completed and reviewed with the students at the completion of the experience.

Evaluation: Students will be given quizes, unit tests, and must satisfactorily complete skills checklists, receive a satisfactory clinical evaluation, and receive acceptable grade on the course final examination to pass the course. Once the students have successfully completed the course they will be given a certificate of successful completion and will be eligible to take the required written and practical examination required by the state for certification.

Certification: Nurse Aide Registration is done through the Department of Inspections and Appeals. Once nurse aides have been registered they must complete 6 hours of inservice training every quarter. If a nurse aide does not work for 24 consecutive months, he/she must retake an approved nurse aide course.

Course Developers: Program in Health Occupations Education
The University of Iowa in cooperation with
Iowa Department of Education
Course Coordinator - Joyce Brandt, R.N. Ph.D.

The Iowa Department of Education and The University of Iowa do not discriminate in their educational programs and activities on the basis of race, national origin, color, religion, sex, age, or handicap. The Department and The University also affirm their commitment to providing equal opportunities and equal access to facilities without reference to affectional or associational preference. For additional information on nondiscrimination policies, please contact the Coordinator of Title IX and Section 504 in the Iowa Department of Education, Grimes State Office Building, Des Moines, Iowa 50319. Phone 515/281-8584

ACKNOWLEDGMENTS

This Certified Nurse Aide course has evolved from the efforts of many institutions and individuals in behalf of their commitment to help provide an educational program for the long term care facilities' certified aides. These materials are for the use of educational institutions and the long term care facilities in their efforts to provide individuals with a course that meets the requirements of Nursing Home Standards in the 1988 Budget Reconciliation Bill.

Appreciation is expressed to the following who spent many hours on the telenet system sharing their expertise:

Cathy Davenport, Nurse Aide/Orderly Instructor, Southwestern Community College, Creston
Avis Davis, Adult and Continuing Health Education Coordinator, Iowa Lakes Community College, Spencer
Barbara Douglas, Department of Inspections and Appeals, Des Moines
Joyce Downing, Health Coordinator, Kirkwood Community College, Cedar Rapids
Deborah Fulton, Iowa Board of Nursing, Des Moines
Carol Hartwig, Nurse Aide/Orderly Instructor, Iowa Valley Continuing Education, Marshalltown
Trudi Hoil, Health Coordinator, North Iowa Area Community College, Mason City
Carolyn Jacobson, Iowa Health Care Association, Des Moines
Pearl Johnson, Department of Inspections and Appeals, Des Moines
Jean Keller, Nurse Aide/Orderly Instructor, Iowa Western Community College, Council Bluffs
Mary E. Lingle, Nurse Aide/Orderly Instructor, Eastern Iowa Community College District, Davenport
Beverly Luke, Nurse Aide/Orderly Instructor, Indian Hills Community College, Ottumwa
Shirley Meester, Nurse Aide/Orderly Instructor, Hawkeye Institute of Technology, Waterloo
Beth Neumann, Director of Nursing, Lutheran Home for Aged, Denison
Mary Oliver, Department of Inspections and Appeals, Des Moines
Sherry Richardson, Health Coordinator, Iowa Central Community College, Fort Dodge
Jennifer Tyler, Iowa Council of Health Care, Des Moines
Charlotte Wise, Nurse Aide/Orderly Instructor, Iowa Western Community College, Council Bluffs
Sherry Richardson, Health Coordinator, Iowa Central Community College, Fort Dodge
Ramona Welte, Health Coordinator, Eastern Iowa Community College District, Davenport

With special appreciate to Karen Bixby, Program in Health Occupations Education, The University of Iowa, for her part in the development of project materials, typing and retyping of all the project materials.

To the extent that this course is relevant and useful, the credit must be

attributed to those named above. It is hoped that this course will fulfill the expectation of providing excellent preparatory programs which will be tailored to the educational needs of the certified nursing aide.

Joyce Brandt
Project Coordinator

March 1989

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF INSPECTIONS AND APPEALS
CHARLES H. SWEENEY, DIRECTOR

June 27, 1989

Joyce Brandt
Health Occupations Education
University of Iowa
North 487 Lindquist Center
Iowa City, Iowa 52242

Dear Ms. Brandt:

On June 19, 1989 our Department received informal word that cardiopulmonary resuscitation will be deleted from regulations for the nurse aide curriculum requirements. We received our phone call from the Health Care Financing Administration in Baltimore.

Courses will still have to be a minimum of 75 hours of combined classroom and clinical hours.

Please call if you have any questions.

Sincerely,

Pearl Johnson, Chief
Professional Support Services/Compliance

Karen Mueller, RN

Karen Mueller, RN
Health Facilities Training Officer
Professional Support Services/Compliance
Division of Health Facilities
515/242-5991

KM/pe

HEALTH FACILITIES DIVISION / LUCAS STATE OFFICE BUILDING / DES MOINES, IOWA 50319 / 515-281-4115

NURSE AIDE COURSE

KNOWLEDGES/CONCEPTS	LEVEL OF UNDERSTANDING
1. Basic functions of nursing facilities	Introduced
2. Staff working in nurse facilities and their role - multidisciplinary team	Introduced
3. Types of facilities and administrative structure	Introduced
4. Role of nurse aide	Detailed
5. Legal and ethical considerations - Resident's Rights	Discussed--stress importance of recording.
6. Communications and interpersonal skills	Basic understanding
7. Philosophy of restoration/rehabilitation	Comprehension--a thread emphasized throughout the curriculum
8. Physcial/social/emotional changes that occur in elderly and chronically ill	Introduced--re-emphasized as care is discussed throughout curriculum
9. Caring for residents with special needs, chronic physical problems, dementias, MI, MR	Introduced--with specific ways for aides to interact
10. Infection control/universal precautions	Introduced
11. Safety emergency precautions	Basic understanding
12. Basic dietary requirements	Introduced
13. Modified diets	Introduced
14. Death and dying	Basic understanding of needs
15. Care of resident with artificial eyes, limbs, and hearing aids	Basic understanding

COMPETENCIES - KNOWLEDGES AND SKILL	LEVEL OF ACHIEVEMENT
1. Observe/report changes in resident's condition	Competent for basic or obvious
2. Use information included on care plan for giving resident care	Introduced/needs assistance at first

COMPETENCIES - KNOWLEDGES AND SKILL	LEVEL OF ACHIEVEMENT
3. Medical asepsis and handwashing - Universal precautions	Skills checklist
4. Isolation technique	Awareness-needs additional class/inservice before can care for isolation resident safely
5. Maintaining resident's unit	Skills checklist
6. Making occupied/unoccupied bed	Skills checklist
7. Use of safety precautions a. preventing falls b. preventing burns c. fire precautions	Knowledge is safety precautions
d. oxygen precuations	Safety precautions ONLY--cannot start, change or regulate
8. Application of restraints	Skills Checklist
9. Transferring residents (wheel chair/ stretcher, etc.) Ambulation	Skills Checklist
10. Positioning and maintaining resident's position in bed	Skills Checklist
11. Active/passive range of motion	Skills Checklist
12. Oral hygiene (dentures included)	Skills Checklist
13. Bed bath (perineal care)	Skills Checklist
14. Tub/shower care	Skills Checklist
15. Dress/undress resident - use artificial devices	Basic knowledge
16. Hair care - shaving	Skills Checklist
17. Bedpan/urinal	Skills Checklist
18. Recognize pressure sores	Basic knowledge
19. Back rubs	Skills Checklist
20. Prepare residents for meals	Skills Checklist
21. Feed residents	Skills Checklist
22. Obstructed airway - Conscious/unconscious victims	Skills Checklist

23. Obtaining and recording temperature	Skills Checklist
24. Obtaining and recording pulse, respiration	Skills Checklist
25. Blood Pressure	Skills Checklist
26. Calculate and record I & O	Skills Checklist
27. Collect and label specimen (urine/stool)	Skills Checklist
28. Obtaining height and weight	Skills Checklist
29. Diabetic urine testing--noninvasive	Skills Checklist
30. Enema administration	Skills Checklist
31. Fecal impaction removal	Prevention introduced--told cannot do
32. Colostomy	Care introduced--needs inservice to peform safely (should be done by facility nurse for <u>every</u> resident and for each aide)
33. Emptying urinary cath bag	Skills Checklist
34. Catheter care	Skills Checklist
35. Bowel and bladder training	Awareness of basic principles
36. Application of heat and cold	Skills Checklist
37. Trim nails--<u>not to be done</u> on residents with circulatory problems or diabetes	Skills Checklist
38. Postmortem care	Skills Checklist

Unit I : INTRODUCTION TO THE ROLE OF THE CERTIFIED NURSE'S AIDE

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

Approx. Teaching Time: 3-5 hrs

OBJECTIVE	CONTENT	METHOD
1.0 Discuss the purpose of the course and identify the methods that will be used in learning the competencies.	I. Nurse aide course A. Purpose of the course B. Competencies to be mastered C. Methods that will be used during the course 1. Textbook 2. Tests 3. Skills checklist 4. Clinical experience	Handout course materials Go over checklist, laboratory and clinical requirements Introduce textbook and explain how assignments will be made
1.1 List three classifications of nursing facilities.	II. Nursing facilities (NF) A. Classifications 1. Nursing (NF) 2. Skilled (SNF) 3. Residential	Textbook Assignment Lecture/Discussion Use a facility's goals/ philosophy for discussion
1.1.1 Identify five means to promote quality of life in nursing facilities.	B. Provide quality of life 1. Detection and treatment of disease 2. Promotion of health and prevention of disability 3. Provide for resident's basic care needs 4. Maintaining existing functioning and restoring to maximum functioning 5. Provide as "normal" an environment as possible (socially, psychologically)	
1.1.2 Describe typical residents of nursing facilities.	C. Types of residents 1. Unable to care for daily living activities 2. Handicapped a. Causes b. Symptoms c. Treatment 3. Chronically ill a. Diseases b. Goals	

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
1.1.3 Discuss how nursing facilities are organized.	D. Organization/Nursing Facilities/Hospital 1. Administration 2. Quality assurance committee 3. Departments a. Housekeeping b. Dietary c. Nursing 4. Personnel within nursing department 5. Policies and procedures a. Personnel orientation b. Chain of command c. Grievance procedure for personnel 6. Registered and licensed practical nurse 7. Nursing aides	Textbook Assignment Handout quality assurance committee Handout organizational chart
1.1.4 List means the Department of Inspections and Appeals uses to define and monitor the care facilities provide.	III. State control of nursing care facilities A. Department of Inspections and Appeals B. Care review committees C. Policies and procedures developed by facilities	Lecture/Discussion
1.2 Describe philosophical characteristics of aging and determine how these characteristics affect your relationship with residents.	IV. The resident A. Definitions 1. Stages of development 2. Geriatrics 3. Gerontology 4. Aging process 5. Chronically ill 6. Disabled 7. Rehabilitation	Text Assignment Lecture/Discussion Handout of psycho-social needs--Erikson and Maslow
1.2.1 Review seven body systems and describe how aging affects the system.	B. Characteristics 1. Affect on body systems a. Skin 1) Hair thins, loses color 2) Skin dries, wrinkles, may lose oil 3) Fingernails/toenails thicken	

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
	b. Bones and muscles 1) Muscles lose tone and strength 2) Joints are less flexible 3) Bones are more brittle 4) Sense of balance is not as good	
	c. Nervous 1) Decrease in senses, taste, hearing 2) Vision changes, may need glasses 3) Less sensitive to pain 4) Memory changes, especially short	Role play/discussion on how to work with residents with decrease in senses
	d. Digestive 1) Less chewing capacity 2) Slower digestion	
	e. Heart and lungs 1) Blood vessels narrowed 2) Heart muscle weaker 3) Elevated blood pressure	
1.2.2 List seven adjustments the nursing care resident must make.	2. Adjustments elderly must make a. Retirement b. Family changes--death of mate/friends c. Awareness of mortality d. Declining function e. Reduced income f. Loneliness g. Societal prejudice	Lecture/Discussion
	3. Special needs of handicapped resident a. Same as all people b. Rehabilitation c. Age appropriate activities	
	4. Needs of the nursing care resident a. Same basic needs as everyone 1) Food, shelter, safety needs b. Same emotional needs 1) Belonging, love, achievement	

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
	c. Maintenance of body functioning d. Rehabilitation e. Socialization f. Sexuality needs	
1.2.3 Consider these characteristics in providing care for the long term care resident.		
1.3. Describe the roles of the health workers who contribute to care of the nursing facility resident.	V. Interdisciplinary Team A. Definition B. Medical director C. Registered nurse D. Licensed practical nurse E. Support nursing staff 1. Certified nurse's aides 2. Medication aides F. Others 1. Social workers 2. Physical therapist 3. Food service worker 4. Consultant dietitian 5. Unit/ward clerk 6. Activity coordinator 7. Occupational therapist 8. Speech therapist 9. Consultant audiologist 10. Consultant dentist 11. Consultant pharmacist G. Volunteers	Lecture/Discussion
1.4 Investigate the role of the nurse aide in the nursing care facility. 1.4.1 List the competencies of the nurse aide.	VI. Role of the nurse aide A. Helping residents fulfill daily physical needs 1. Dress 2. Personal hygiene a. Oral hygiene b. Bathing c. Grooming	Textbook Assignment Job description from facility assigned Rules and regulations regarding resident care Filmstrip: "Being a Nurse's Aide"

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
	3. Elimination needs a. Providing urinal/bedpan b. Bladder/bowel control	List of competencies from curriculum (handout)
	B. Food and fluid needs 1. Prepare for meals 2. Help eat/feed when necessary 3. Provide fluids periodically 4. Snacks and refreshments	
	C. Provide a safe environment 1. Proper handling of equipment 2. Fire/accident prevention 3. Use of restraints	
	D. Assist the resident with activity needs 1. Transferring/lifting/moving 2. Range of motion 3. Positioning	
	E. Assist the resident with specialized care needs 1. Weight 2. Intake and Output	
	F. Support and provide socialization activities 1. Recreational activities 2. Social activities	
	G. Monitor what is happening with the resident 1. Emotionally/socially 2. Physically	
	H. Report and record as required 1. Changes in resident condition 2. Intake/output/TPR	
1.4.2 List some activities a nurse aide is not prepared to do.	I. Identify activities nurse aide <u>may not</u> perform 1. All for which not prepared 2. Administer medications 3. Treatments not included in competency list	

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
1.5 Identify desirable characteristics of the nurse aide.	VII. Nurse aide qualities A. Personal appearance/dress B. Personal hygiene C. Healthy physically and mentally D. Dependability 1. Report to work on time 2. Complete assignments E. Follows rules and regulations 1. Dress code 2. Substance abuse 3. Personal phone calls and mail 4. Absence from work and notification 5. Smoking and eating F. Interpersonal relations with co-workers	Text Assignment Lecture/Discussion
1.6 Describe the aide's legal/ ethical responsibilities.	VIII. Legal/Ethical Responsibilities A. Ethical responsibilities 1. Definition - A moral guide 2. Respect for residents 3. Loyalty 4. Treating others as you would like to be treated B. Legal Responsibilities 1. Definition 2. Confidentiality a. Six categories 1) Talks about one resident with another resident 2) Talks to relatives and friends about a resident 3) Discusses a resident with visitors 4) Discusses a resident with news media 5) Gossips about resident with other staff members 6) Talks about resident with friends	Text Assignment Handout on "Ethics" Trainex: "Professional Ethics for Nurse Assistant" Handout on Resident's Rights.

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
	b. Consequences of abusing confidentiality	
	3. Negligence - definition	
	a. Performing tasks not prepared to do	
	b. Doing procedures incorrectly/unsafely	
	c. Not cleaning up spills or being careless with materials that cause harm	
	d. Other acts that cause injury	
	4. Mandatory reporting of Dependent Adult Abuse	Does not meet requirements for mandatory reporting
	a. Definition of dependent adult	Handout, rules and regulations
	b. Definition of abuse	
	c. Reporting requirements	
	d. Training requirements	
	5. Resident's Rights	
1.7 List three types of communication.	IX. Communications	Text Assignment
	A. Types	
	1. Verbal	Lecture/Discussion
	2. Nonverbal	Role play activity - selected by instructor
	3. Written	
	B. Requirement for successful communication	
	1. Message	
	2. Sender	
	3. Receiver	
	C. Nonverbal communications	
	1. Facial expression	
	2. Tone of voice	
	3. Body posture	
1.7.1 Describe the importance of listening as part of communication.	D. Listening - a part of communication	
	E. Verbal communication	
	1. Accurate and clear	
	2. Types	
	a. Person to person	
	b. Oral report	

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
	3. Communicating on the phone a. Answering the phone b. Identifying facility, person c. Courteous d. Messages e. Courteous good-bye	
1.7.2 Assist the resident who has impaired hearing and/or sight.	4. Communicating with residents with decreased hearing a. Face resident b. Tone of voice c. Speech speed d. Write when necessary e. Courteous good-bye f. Hearing aids 1) Uses 2) Application	Getting Through, record on hearing aids Handout on "Hearing Aids"
	5. Decreased sight a. Eye diseases 1) Medication 2) Glasses 3) Artificial eye a) Care of the artificial eye b) Record and protect if resident can not wear b. Use large print c. Give verbal directions d. Explain step by step what you want	Handout on "Artificial Eyes"
1.7.3 Describe how to use senses to make meaningful observations.	F. Observing and reporting 1. Methods of observing a. With the eyes 1) Rashes 2) Swelling 3) Other changes b. Touch	Lecture/Discussion Text Assignment

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
	1) Change in pulse 2) Dampness of skin, etc. 3) Other c. Hearing 1) Wheezing breathing 2) Resident complaints 3) Other d. Smelling 1) Odor of breath, wounds, etc. 2. What to report	
1.7.4 Select methods to increase observations through communication.	G. Using communication skills to increase observations 1. Provide enough time for resident to express self a. Listen carefully b. Observe nonverbal 1) Body position 2) Facial expression 2. Be an empathetic listener a. Eye contact b. Appropriate questions c. Follow-up questions for clarification 3. Listen to tone of voice--way said 4. Focus on resident's concerns a. Don't criticize other staff b. Help resident clarify c. Don't deny resident's feelings	Lecture/Discussion
1.7.5 List situations when the supervisor should be immediately notified of an observation.	H. Notify supervisor immediately when 1. Resident complains of severe pain 2. Resident has difficulty breathing 3. There is a sudden change in resident's condition 4. The resident has an accident 5. Whenever in doubt	Lecture/Discussion

Overview: This unit introduces the aide to the functions of nursing facilities, to the personnel who provide resident care, to the role of the aide, to effective methods to communicate, and to legal and ethical considerations for those who work in nursing care and skilled facilities.

OBJECTIVE	CONTENT	METHOD
1.7.6 Recognize individual differences that affect communication.	I. Factors that can affect individual communications 1. Family problems 2. Money problems 3. Unusual surroundings 4. Pain, fear 5. Being away from home 6. Personality types	Text Assignment Lecture/Discussion
1.8 Establish meaningful relations with residents and staff.	J. Developing relationships with residents/ staff 1. Self understanding a. Needs of all human beings b. Your reactions/feelings and how they affect others c. Your values and how values affect behavior 2. Effective communication a. Factors that promote 1) Courteous manner 2) Professional 3) Keep emotions under control 4) Empathetic, tactful 5) Answer resident's call signal promptly	
1.8.1 Discuss factors that promote good relationships with resident's family and friends.	3. Visitors and friends a. Treat as a visitor in your home b. Listen to concerns c. Give directions when needed d. Patience/kindness e. Process when visitors take residents out f. Refer to right person for information about resident	Handout: Institution's rules concerning visitors

Unit II WORKING ENVIRONMENT

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

Teaching Time: 12-15 hours

OBJECTIVE	CONTENT	METHOD
2.0 Examine the resident's environment and describe the nurse aide's responsibility in maintaining a safe environment.	I. Resident's environment A. Definition B. Role of aide in keeping safe	Text assignment Lecture/discussion
2.1 Define medical asepsis. Discuss three reasons that medical asepsis is important.	II. Medical asepsis A. Definition B. Reason for observing medical asepsis 1. Micro-organisms are always present in the environment 2. Some micro-organisms can cause illness in certain people 3. Reducing the number of micro-organisms and hindering their transfer increases the safety of the environment	Text assignment Lecture/discussion Universal precautions reference for Instructions on Infection Control - handout Trainex: "Medical Asepsis"
2.1.1 Identify some of the practices that you as an aide can do to demonstrate your practice of medical asepsis.	C. Role of aide in medical asepsis 1. Cleaning the resident's unit 2. Washing your hands 3. Cleaning all reusable equipment after use 4. Disposing of contaminated articles correctly 5. Cleanliness of self and/or resident 6. Cleanliness of resident's equipment; e.g., bathtub, whirlpool, etc. 7. Sterilizing equipment, when needed 8. Cleanliness to control disease	
2.1.2 Describe the nature of micro-organisms.	D. Nature of micro-organisms 1. Most micro-organisms are helpful to people 2. Some microbes cause disease and infection 3. Disease producing micro-organisms are called pathogens 4. Ways spread a. Direct contact b. Indirect contact c. Droplets	Lecture/discussion Text assignment

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	d. Airborne e. Vehicles 5. Pathogens a. Grow best at body temperature b. Destroy human tissue by using it as food c. Give off waste products that are called toxins d. Toxins poison the body 6. Staph (staphylococcus) and strep (streptococcus) are two types of a bacteria (pathogens) that are found in all health care facilities 7. Virus is another form of micro-organism	
2.1.3 List and discuss the six conditions that affect the growth of bacteria.	E. Conditions that affect the growth of bacteria 1. Food 2. Moisture 3. Temperature 4. Oxygen 5. Light 6. Dead and living matter	Text assignment
2.1.4 Identify and discuss the two methods used to kill micro-organisms or keep them under control. a. Disinfection b. Sterilization	F. Disinfection 1. Process of destroying harmful organisms 2. Slowing growth and activity of the organisms 3. Disinfecting supplies and equipment G. Sterilization 1. Definition 2. Autoclaves 3. Sterilization is necessary if the article comes in direct contact with a wound, surgical instruments	

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
2.1.5 Define terms reinfection and cross infection and describe methods to prevent.	H. Reinfection 1. Infected a second time 2. Clean equipment thoroughly I. Cross infection 1. Infected by micro-organisms from another resident or member of the staff 2. Always wash hands between giving cares 3. Always clean equipment after use	Lecture/discussion
2.2 Demonstrate the competency of safe handwashing. 2.2.1 Identify and discuss the reasons for good handwashing.	II. Handwashing A. Reasons for good handwashing 1. Everything you touch has germs on it 2. Use hands constantly 3. Carry germs from resident to resident. Washing prevents this transfer 4. You must wash your hands before and after each contact with every resident, for resident's protection and your own	Text assignment
2.2.2 Identify and discuss the rules to follow regarding handwashing that demonstrate your understanding of medical asepsis.	B. Rules to follow regarding handwashing 1. When you wash your hands a. Before contact with each resident b. After contact with each resident 2. The water faucet is always considered contaminated. Use paper towels to turn faucet on and off 3. If your hands touch the sink, rewash your hands 4. Soap dispensers are better to use than bar soaps 5. Handwashing is only effective when: a. You use enough soap to produce a lot of lather b. Friction--vigorous rubbing removes micro-organisms c. Rinse from the clean to dirty. Elbows (clean) to finger tips (dirty)	Lecture/discussion Universal precautions

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	6. Hold your hands lower than your elbows while washing 7. Add water to the soap while washing 8. Never use the resident's soap for yourself 9. Rinse your hands well after washing	
2.2.3 Observe handwashing demonstration. Note each step.	C. Procedure - Handwashing 1. Assemble equipment. Each sink at care facility should be equipped with: a. Soap or detergent b. Paper towel	Return demonstration
2.2.4 Return the handwashing demonstration.	c. Warm running water d. Waste basket 2. Turn faucet on with paper towel 3. Discard paper towel in waste basket 4. Completely wet your hands 5. Apply soap 6. Hold hands lower than elbows 7. Work up a good lather 8. Clean your nails 9. Using a rotating and rubbing motion for one full minute 10. Wash at least two inches about wrists 11. Rinse well 12. Dry thoroughly with paper towels 13. Turn faucet off with paper towel 14. Discard paper towel in waste basket	Skills Checklist #1 - Handwashing Technique
2.3 Discuss the purpose of isolation technique.	III. Isolation A. Purpose of isolation technique 1. Definition 2. Purpose of the "Isolation" 3. Ordinary cleanliness will not protect 4. Special precautions for protection	Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
2.3.1 Define the terms contaminated, clean, and dirty.	B. Terminology associated with an Isolation unit 1. Contaminated - any article that is in contact with the resident in the isolation unit is considered contaminated - dirty a. If your clothes come in contact with the resident or articles in the unit, they are also considered contaminated (dirty) b. Special precautions are needed to prevent the spread of micro-organisms to other residents and other personnel 2. Clean - means uncontaminated a. Refers to all articles and places that have not been contaminated with or come into contact with pathogens	
2.3.2 Describe the aide's role in isolation.	C. Aide's role with isolation	Lecture/discussion
2.4 Describe the resident's room/bath. Briefly discuss the major items that are usually in a resident's room for personal care.	IV. The resident's room and toilet room A. Resident's equipment 1. Bed a. Gatch handle/electric controls b. Side rails 2. Lamp 3. Overbed table 4. Call signal 5. Bedside table (optional) 6. Lined wastebasket 7. Geriatric chair 8. Foot stool 9. Straight chair 10. Personal furniture	Text assignment Tour of resident's unit Lecture/discussion
	B. Items for personal bedside care 1. Urinal/bedpan 2. Washbasin 3. Emesis basin	See procedure book for storage of resident's equipment

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	4. Personal hygienic supplies a) Shaving equipment b) Skin lotion/powder c) Tissues d) Toilet tissue e) Toothbrush/denture cup f) Any personal items used in personal hygiene g) Make-up 5. Towels/washcloth C. Screening curtain for privacy	
2.4.1 Identify seven tasks aides perform in assuring that the resident's unit is safe and completely furnished.	D. Daily checks 1. Call bell in reach 2. Chair positions 3. Bedpans/urinals emptied, cleaned and placed according to policy 4. Bedside stand placement 5. Bed in lowest position 6. Observe for possible dangers a. Spills on the floor b. Items that could be "tripped" over in the room c. Frayed electrical cords 7. Cleaned daily	Lecture/discussion
2.4.2 Identify the disposable equipment that could be in a resident's unit.	E. Disposable equipment at bedside 1. Equipment made for one person 2. Is usually made of plastic, styrofoam or paper 3. Does not need to be sterilized 4. Some examples that you may see in resident's unit a. Water pitchers and cups b. Specimen containers c. Some urinals/bedpans d. Emesis basins	Text assignment Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	5. If the disposable equipment is for one person use, it is cleaned after each use and reused (e.g. urinals, bedpans, etc.) 6. If the item becomes soiled and cannot be cleaned by washing, it is then replaced by by a new disposable item	
2.4.3 List and briefly discuss the large equipment needed for resident care and treatments that you may see in a long term care facility.	F. Large equipment that is needed for resident care 1. Resident lifts 2. Stretcher 3. Supply tables 4. Bed cradles 5. Walker 6. Wheelchairs 7. IV poles 8. Commodes	Examples of large equipment Lecture/discussion
2.5 Discuss the importance of the resident's bed and why the beds need to be made correctly.	V. Maintaining resident's bed A. Rules 1. Bed should allow for the greatest comfort a. Older people have less tissue padding over their bones and wrinkles can actually cause them pain b. The older resident's skin is very fragile. Wrinkles can constrict circulation resulting in pressure areas. These pressure areas lead to the development of decubitus ulcers (bed sores) 2. A resident needs to be gotten out of bed and encouraged to interact with others, but some residents are unable to be up. With these resident a. All of the activities of daily living are carried out in the resident's bed 1) Bathing 2) Eating	Text assignment Lecture/discussion Trainex: "Basic Bedmaking for Patient Comfort and Safety"

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	3) Elimination 4) Medical treatments 3. Linens should have no wrinkles and be kept clean 4. Incontinent resident's care	
2.5.1 Identify three basic methods for bedmaking.	B. The closed bed 1. Bed made with the top sheet and spread pulled all the way up 2. Closed bed used if the resident is to remain up for most of the day 3. Turn down before resident goes to bed 4. Pillow can be enclosed or left out depending on your institution's policy C. The open bed 1. Bed that has the top sheet and spread fan-folded to the bottom of the bed 2. Allows easy access by the resident and when in bed he/she can pull sheet/spread up easily 3. Most common method of bedmaking in hospitals D. The occupied bed 1. Used for a resident that is unable to be out of bed due to illness, etc. 2. The bed is made while the resident is in it 3. Made the same way as the open/closed beds 4. Remove all wrinkles, wrinkles can be very uncomfortable and cause bed sores 5. Keep the side rail elevated on the opposite side that you are working 6. Make after the resident's bed bath is completed	Text assignment
2.5.2 Demonstrate the ability to make a closed and open bed.	E. Making a closed and open bed 1. Assemble all linen 2. Wash your hands	Skills Checklist #2

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	3. Adjust bed to high position 4. Be sure mattress is correctly positioned on bed. If not, pull mattress to the top 5. Apply mattress pad 6. Apply bottom sheet correctly 7. Miter all corners 8. Apply plastic draw sheet, if necessary 9. Cover plastic draw sheet with the appropriate linen 10. Apply top sheet correctly 11. Apply blanket and/or spread 12. Miter all corners 13. For open bed, fan-fold top sheet and spread back to the foot of the bed 14. Put pillow case on the pillow, using correct technique. Pillows do not go under your chin 15. Remove dirty linen from the room and place in laundry 16. Straighten and clean the resident's unit 17. Wash your hands	
2.5.3 Demonstrate the ability to make an occupied bed.	F. Making an occupied bed after resident's bath has been completed 1. Assemble all linen 2. Wash your hands 3. Insure resident's privacy 4. Tell resident that you will be making his/her bed 5. Lower back rest or knee rest until bed is flat. (Check first with your immediate supervisor. Some residents cannot physically tolerate a flat position) 6. Remove pillow carefully 7. Be sure side rail is elevated on the opposite side of where you'll be working	Skills Checklist #3 Return demonstration

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	8. Loosen all linen 9. Remove the top linens 10. Cover resident with a bath blanket 11. Check the position of the mattress. Pull it up if necessary 12. Ask resident to turn on his/her side, toward the side rail 13. Fold bottom sheets toward the resident and tuck against his/her back 14. Apply clean bottom sheet on the exposed half of the bed using the correct technique 15. Apply draw sheet if necessary 16. Raise side rail on your side 17. Go to the opposite side of the bed. Ask resident or help him/her to roll over the "hump" onto the clean sheets 18. Remove dirty bottom sheets. Pull clean linen from under resident (pull draw sheet also) 19. Tighten all linen before tucking it under the mattress 20. Change pillowcase and put pillow under resident's head 21. Remove bath blanket while applying top linen correctly 22. Apply blankets and/or spread 23. Position resident comfortably. Elevate back rest and knee rest if needed 24. Reposition resident's call signal 25. Remove dirty linen and place in the laundry 26. Straighten and clean resident's unit 27. Wash your hands	

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	28. When making an occupied bed, be observant for any reddened or broken areas on the resident's skin. Back care can also be given at this time	
2.6 Discuss the importance of resident safety in the nursing care facility.	VI. Safety of residents A. Safety is very important in nursing care facility. Safety is everyone's concern. 1. Some residents do not understand why some of their activities could be harmful to them 2. Residents disagree with some of the precautions to protect them from injuries. They feel that they are capable of protecting themselves 3. Some residents deny the need for safety because admitting they had a need means they are no longer independent 4. Safety is one of the most important factors in nursing care. The aide must be alert to possible physical dangers and remain always aware of environmental factors that could lead to accidents and harm to the resident. 5. The two most common accidents that result in injury to residents are falls and skin injuries	Text assignment Lecture/discussion Trainex: "Safety is a Matter of Vigilance"
2.6.1 Identify and discuss the resident's physical changes that increase the possibility of accidents.	B. Physical changes that increase the possibility of accidents 1. Tremors may be present due to some physical disorders which result in a loss of balance 2. People have difficulty in maintaining their balance when they change positions from lying to standing, due to vascular changes in their blood vessels	Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	3. Decreased vision can cause accidents and falls 4. People misjudge distances due to visual problems 5. Reflex reaction is slowed in the disabled 6. Mental changes such as confusion and forgetfulness can occur 7. Any person 65 years or older is more prone to serious accidents, falls, burns and fractures.	
2.6.2 Practice safety precaution to assist in preventing falls.	C. Preventing falls 1. Constant supervision is necessary to insure that a resident does not injure themself by falling 2. Some falls cannot be prevented, but the number of times a resident falls can be decreased by observing safety precautions 3. Some residents have decreased mental ability and physical changes. You need to be alert to the need for increased supervision with the resident whom is mentally confused or physically weaker. 4. Many accidents happen at night. Bed rails and commodes can help prevents wandering at night. 5. Keeping a resident's clothes and personal belongings at waist height prevent stooping or reaching that can cause a loss of balance 6. Observe all safety precautions when operating resident lifts, wheelchairs or any other equipment used in the care of the residents 7. Well fitting shoes with low heels are very important. Residents should not walk around in stockings; slippers with good soles or shoes should be on at all times. Be sure	Role play Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	shoe laces are tied. 8. Residents may trip over long bathrobes or night gowns 10. No throw rugs are to be used on the floors 11. Assist resident in and out of bathtub and/ or showers. 12. All spills should be cleaned up immediately 13. Check all tips on walkers, canes and/or crutches. Loose rubber tips can lead to falls. 15. Shower chairs should be used in showers 16. Raised toilet seats prevent falls 17. Residents should be instructed not to climb over bed rails and to ring the call bell for assistance. Posey vest restraints help protect a resident that is not capable of following instructions.	
2.6.3 Prevent residents from burns by practicing safety precautions.	D. Preventing burns 1. Confused residents should not be given hot liquids without assistance. 2. All bath tub water should be checked with a thermometer before allowing resident to get in. 3. All residents in bath tubs or showers should be observed the entire time to prevent the turning on of the hot water faucet and accidental scalding. 4. If a resident smokes, a large deep ashtray is best to use. If person is confused or has vision problems, supervision is needed at all times when resident is smoking. 5. Any equipment that produces heat should be checked frequently to insure that resident does not become burned. Elderly people sometimes lose the sensation of pain.	Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
2.6.4 Describe precautions to prevent skin injury.	E. Precautions to prevent skin injury 1. Changes in system with age/disabilities a. Sweat glands decrease activity b. Loss of elasticity c. Skin drier - scaly, thin d. Nails thicken e. Injuries are slower to heal f. Receives less blood flow 2. Causes of skin injuries a. Too frequent bathing with soap robs skin of oils b. Rough handling in giving care c. Irritants such as caked powder, urine, feces d. Too much pressure on skin when moving, assisting e. Rubbing against sheets, wheel chairs, etc. f. Positioned in one place too long 3. Prevention a. Keep skin clean/dry, especially the incontinent b. Move gently c. Protect skin areas that rub against sheets d. Turn frequently when in bed e. Change positions when sitting	
2.6.5 Identify and discuss general rules of safety that apply to a long term care facility.	F. General rules of safety 1. Report immediately to immediate supervisor any unsafe conditions you may notice. 2. When transporting residents in wheelchairs and/or stretchers, be very careful when approaching corners or intersections of the hall. Slow down and look. 3. Pick up any items laying on the floor	Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	that resident could fall over. 4. Wipe up spills immediately 5. Always walk in halls. Never run. Use handrails. 6. Be careful of swinging doors 7. Check soiled linen for lost or misplaced articles that could harm others; needles, pins, scissors, etc. 8. Be sure to always set the brakes on wheels of stretchers and wheelchairs when transferring resident from bed to chair, etc. 9. Keep side rails elevated for residents that are confused. 10. When ordered, use posey restraints on confused, disoriented residents to insure safety. 11. Never use contents of an unlabeled bottle or one that you question the sterility of the contents. 12. Keep sharp objects away from residents that could harm themselves or others. 13. Always assist residents in bathrooms. 14. Encourage safety at all times in other staff and residents. 15. Do not take unwise short cuts in your work that could result in harm to others.	
2.6.6 Describe activities for fire safety and prevention.	G. Fire safety and prevention 1. Fire safety means a. Preventing fires b. Doing the right things if a fire breaks out 2. It takes three things to start a fire a. Any material that will burn b. Flames and/or sparks c. The air we breathe 3. The major causes of fire	Text assignment Lecture/discussion Trainex: "Hospital Fire Safety Procedures", Hospital Fire Hazards" Film: "Code 1001" available from Fire Prevention Through Films, P. O. Box 11, Newton Highland, MA 02161

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	a. Smoking and matches b. Misuse of electricity c. Defects in heating systems d. Spontaneous ignition e. Improper rubbish disposal f. Flammable materials, liquids and gases g. Cooking facilities 4. Remember fire is always a possibility	
2.6.7 Find and read the facility's fire safety plan.	5. Fire safety plan a. Know the floor plan of your health care facility b. Know all possible exit routes c. Know the exact location of all fire extinguishing equipment and how to use them 1) Fire extinguishers are not all the same. There are four basic types: a) Dry chemical b) Carbon dioxide c) Pressurized water d) Soda acid 2) There are different types for different kinds of fires. Check the cylinder for the type of fire the extinguisher is made for a) Class A fires - paper, wood, rubbish b) Class B fires - grease, anesthetics, chemicals c) Class C fires - electrical fires d. Know locations of fire alarms and how to pull them on e. Know the emergency evacuation plan of your institution and what you should do during an emergency	Example of fire safety plan for your facility Trainex: "Fire Extinguishing Equipment" Facility's floor plan and position of fire extinguishers

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
2.6.8 Identify your role as an aide in handling a fire emergency.	6. Handling a fire emergency a. Things to do in case of fire 1) Pull fire alarm at the nearest alarm box 2) If the fire is in a resident's area, assist residents to safety 3) Notify main switchboard of exact location and nature of fire 4) Follow the emergency plan for your institution 5) AVOID PANIC. Many lives could depend on your actions in an emergency	Lecture/discussion
2.6.9 Identify and discuss the rules for safe smoking that you as an aide need to observe.	7. Rules for safe smoking a. Unsafe smoking is a main cause of fires in health care facilities b. See that large, deep ashtrays are provided and that they are used by residents and staff c. Observe all no smoking signs. Be on the alert for visitors that disregard such signs. d. Never empty an ashtray into wastebaskets or containers of rubbish that will burn. Smoking materials should be placed in separate containers. e. Residents tend to be forgetful at times. Observe all older residents while they are smoking. f. No resident should smoke in bed EVER. g. When visitors and other staff are smoking, they should be aware of safety rules. Remind them politely if necessary of the rules. h. Lighted cigarettes, cigars and pipes should never be carried in hallways	Lecture/discussion Smoking policy of facility

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	i. No resident that is confused or sedated should be allowed to smoke (without supervision). j. Be aware of your institution's policies concerning smoking for resident, staff and visitors.	
2.6.10 Identify and discuss how electrical fires begin and the rules to follow to prevent electrical fires.	8. Misuse of electricity is also a cause of fires in institution 9. Electrical fires can be started by: a. Plugging an electrical appliance into a defective outlet b. Using a lightweight electrical cord with heavily powered machinery or appliances c. Failure to notice and report frayed cords, short circuits and loose connections d. Overloading extension cords	Trainex: "How to Identify Electrical Hazards" "Protecting Yourself and Your Patient from Electrical Shock" Lecture/discussion
2.6.11 Identify and discuss the safety precautions for oxygen therapy.	10. Safety precautions with oxygen a. All oxygen in portable tanks needs to have a device called a "regulator" 1) A regulator controls or regulates the flow of oxygen b. All oxygen in portable tanks have special precautions, such as holding. Each institution has a policy regarding the care of these tanks. c. Extra oxygen can make things start on fire and burn more rapidly than they would in normal air. d. Rules to prevent fires when oxygen is being used. 1) Electrical appliances should be removed whenever possible	Lecture/discussion Oxygen therapy policy of individual facility

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	2) Sometimes the resident call signal cord is replaced by a bell 3) No smoking in the room by anyone. Remove all smoking materials 4) Static electricity can cause fires. Any sparks from woolens, etc. should be prevented by humidification 5) Oxygen is combustible. All rules of your institution should be followed exactly	
2.6.12 Identify and discuss the safety precautions in the use of restraints.	H. Safety with restraints 1. Are used for the protection of the resident to prevent injuries or interference by the resident of needed treatments. 2. The guidelines to follow in the application of restraints a. Allow resident as much movement as possible but still serving the intended purpose b. Resident's circulation must not be occluded by the restraint c. Pad bony prominences under a restraint in order to prevent trauma d. The restraint needs to be applied so that the resident's body is in a normal position e. Use the least number of restraints that will protect the resident. Sometimes a posey vest restraint is all that is necessary f. Never apply restraints without a direct order from your immediate supervisor g. Check the resident's extremity every 1/2 hour for symptoms of occlusion	Reading assignment Trainex: "Use of Protective Restraints" Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	1) pallor, blueness 2) cold 3) tingling 4) pain 5) pulses must be present If any of these symptoms are present, the restraints must be loosened immediately h. Remove restraints every two hours. Exercise the limb and provide skin care. Ambulate resident if possible. i. Never apply a restraint without checking the resident's circulation before leaving the room. Pulses must be felt. Loosen restraints if they are not.	
2.6.13 Discuss and demonstrate the ability to safely apply three types of restraints.	I. Types of restraints 1. Type 1 - Type 2 2. Type 3 - Hand and foot restraints a. Used to keep a limb immobilized b. Wrist and/or ankle is padded with special felt pads. The cloth restraints are then applied by using a clove hitch (which will not tighten when pulled). The ends are then tied to the bed frame. Never attach a restraint to the side rails. 3. Cross over jacket restraints (posey vest) a. Put on like a jacket b. Ends are crossed over in the back or front c. Ends are tied behind wheel chair or on bed frame 4. Safety belts a. A variety of models b. Belt goes around resident's waist	Examples of various restraints 1) Hand & foot restraints 2) Posey vest 3) Safety belts 4) Mitt restraints 5) Soft waist restraints 6) Geri chair with tray 7) Divided doors 8) Side rails Skills Checklist #4 Check manufacturer's recommendations Check manufacturer's recommendations for those used in your facility

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	c. Attaches to a longer belt which is fastened behind wheelchair or on bed frame 5. Mitt restraints a. Used for confused residents that could harm themselves with their hands or fingers b. A mitt is similar to a paddle that encloses the hands 6. Soft waist restraints a. Used for minimal restraint	
2.6.14 Identify and discuss the safety precautions involved in the use of wheelchairs.	J. Safety with wheelchairs 1. Resident should be covered to prevent chilling. Blankets should be kept away from wheels. Tuck the blanket firmly around the resident 2. The wheelchair should be wiped off with an antiseptic solution after each use, if it is to be used by others 3. Push the wheelchair from behind except when going in and out of elevators, pull the wheelchair into and out of the elevator backwards. 4. If moving a resident down a steep ramp, you should take the wheelchair down backwards. Glance over your shoulder to be sure of your direction and prevent collisions and possible falls 5. Always set the brakes when: a. Assisting a resident into a wheelchair b. Assisting a resident out of the wheelchair c. When the wheelchair is to remain stationary 6. Always put foot rests up when assisting resident in and out of the wheelchair 7. Always have resident's feet on foot rests.	Text assignment Trainex: "Patient Safety from Thermometers to Wheelchairs" Demonstration Return demonstration

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	Never attempt to move the wheelchair if the foot rests are in an up position 8. Proper position and attach drainage bags if present 9. If safety straps are needed (e.g., with a resident that can not sit safely by themself) be sure they are fastened correctly. 10. Be careful of resident's feet when turning the wheelchair or when going down corridors. Always pay attention where you are going and push the chair slowly. 11. Slow down at corners and <u>look</u> before moving the wheelchair, to prevent collisions with other residents, staff, etc. 12. Elderly residents depend on you for their safety a. Never assume that corridors are empty b. Always push the wheelchair slowly to prevent accidents	
2.6.15 Identify and discuss the safety precautions involved in the operation of portable mechanical lifts to move residents.	K. Safety involved with portable mechanical lifts 1. There are many different kinds of mechanical lifts. Each institution will possibly have a different model. (The safety precautions discussed here will be general information as it applies to all types.) 2. Mechanical lifts are used to move residents from bed to chairs or into whirlpools and baths 3. The mechanical lifts are usually used for residents that can not assist in their own transferring and/or residents that are physically too heavy for the staff to lift safely	Text assignment Trainex: "Use of Patient Lifters" Example of mechanical lifter

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	4. Some models have canvas straps or canvas slings. Refer to your individual facility's type	
	5. General safety rules	Role play
	a. The wheelchair to which the resident is to be moved is placed nearby. Allowing enough room for the lifter to be turned. Wheelchair brakes are locked.	
2.6.16 Demonstrate the safe use of a mechanical lift.	b. Never operate a mechanical lift without the assistance of another staff person. Safety requires that at least two people are present.	Demonstration of your facility's mechanical lift, if available.
	c. <u>Lock all</u> brakes after positioning lifter.	
	d. Be sure that all locks and straps are fastened securely before operating lifter.	Skills Checklist #5
	e. When resident is secured in straps or slings, raise them slowly.	
	f. One person guides the resident's legs in the direction you want to go. Be careful that the legs do not bump into any objects. The other person moves the lifter.	
	g. Be sure to reassure resident while transferring.	
	h. Residents are very frighted about falling	
2.7 Demonstrate good body mechanics.	VII. Body mechanic safety	Text assignment
2.7.1 Briefly identify and discuss the normal basic body structures of the skeletal system.	A. The skeletal system	
	1. The skeletal system is made up of 206 bones	
	a. Act as a framework for the body	Lecture/discussion
	b. Give structure and support	
	c. They (the bones) do not move by themselves. They are moved by muscles, which shorten or contract.	
	d. A muscle is made to contract by a nerve impulse	

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	2. There are four types of bones a. Long bones 1) Big bone in your thigh, the femur 2) Give shape and support to body parts b. Short bones 1) The bones in your finger (phalanges) 2) Give flexibility to the body c. Irregular bones 1) Vertebrae that make up the spinal column 2) These vertebrae are not very strong. Back injuries are common in health fields if the person does not use good body mechanics in lifting and moving. d. Flat bones 1) The bones in the rib cage 2) Protect soft tissues and vital organs within the body	Charts Diagrams Example of skeleton
	3. Bones are not dead. They are as alive as the rest of your body. a. They store vitamins and minerals b. Bones are part of the body's blood cell production mechanisms c. Broken bones are very painful	
	4. Joints are areas in which one bone connects with others a. Joints are necessary for movement b. Joints are made up of many structures c. Different joints have different movements they are capable of	
	5. Muscles are what make all movements possible a. Groups of muscles work together to perform body motion b. Muscles contract and relax which allow movement	

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	c. Muscle strain is the overstretching of your muscles	
2.7.2 Define and discuss the term body mechanics as it applies to you, the aide.	B. Term body mechanics means 1. A special way of standing and moving one's body 2. The term body mechanics is commonly used to describe the body movements by the staff when they move residents and/or objects 3. The purpose of good body mechanics is to make the best use of strength and avoid fatigue 4. By using good body mechanics you can prevent injuries; e.g., back strain and/or torn muscles and ligaments 5. Good body mechanics on the part of the aide decreases the chance of injury resulting to residents when moving or lifting them	Text assignment Lecture/discussion
2.7.3 Demonstrate good rules of good body mechanics.	C. General rules of good body mechanics 1. Use as many large muscles or groups of large muscles as possible a. Use both hands rather than one hand to pick up a heavy object b. Use the large muscles in your legs when picking up a heavy object instead of smaller back muscles. Squat down, bending your knees. Keep your back straight and raise up, using your leg muscles, <u>never</u> bend over at the waist to lift heavy objects. 2. Always stand erect. Good posture is essential to good body mechanics. 3. When lifting, your feet should be approximately the width of your shoulders,	Demonstration of principles of good body mechanics

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	distance apart. (At least 12 inches.) This gives a broad base of support. 4. Be as close as possible to what you are lifting or moving. Don't reach and try to lift or move an object. 5. If possible, push, pull or roll rather than lift a heavy object. 6. Use your arms to support the object. The muscles of the legs actually do the job of lifting NOT the muscles of your back. 7. When doing work, always work with the direction of your efforts not against them. Avoid twisting your body as much as possible. 8. If you think the object is too heavy to lift, then get help. Don't try to lift it alone. 9. Always move residents that cannot assist you using two people. It is easier on the resident physically and prevents you from being injured. 10. Lift smoothly to avoid strain. Always count, "one, two, three" with the person you are working with. Work in unison. Do this also with the resident. 11. When changing the direction of your movement, a. Pivot b. Turn with short steps c. Turn your whole body	Role play
2.7.4 Demonstrate the ability to lift and move a resident in bed.	D. Lifting and moving a resident in bed 1. Ask for help from another staff members. Never move or lift a resident that can not assist themself 2. Wash your hands 3. Insure resident's privacy 4. Tell the resident what you will be doing 5. Remove pillow	Trainex: "Lifting and Moving Patients" "Transfer Activities and Ambulation" Skills Checklist #6

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	6. Lock wheels on bed 7. Stand on opposite sides of the bed 8. Stand straight, turned toward head of the bed slightly. Your feet should be at least 12 inches apart. Bend your knees. Keep your back straight. 9. Put one arm under the resident's shoulder nearest you 10. Put your other arm under the resident's buttocks 11. The other aide will do the same 12. You will then slide the resident's body up in bed. Straighten your knees as you slide the resident. Work as a team, count, "1, 2, 3, pull." 13. Move resident gently to prevent pain or discomfort 14. Reposition the resident comfortably 15. Wash your hands 16. Report any unusual observations to immediate supervisor	
2.7.5 Demonstrate the ability to lift and move a resident from bed to chair.	E. Lifting and moving a resident from bed to chair 1. Tell resident you will be helping him/her to get up in the chair 2. Wash your hands 3. Insure privacy 4. Lock wheels on the bed 5. Position chair at the bedside. Have back to chair near the head of the bed 6. Place chair against wall to prevent sliding 7. Place bed in the low position or use a footstool 8. Help or put resident's robe and slippers on while in bed	Text assignment Skills Checklist #7

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	9. Slide resident to the edge of the bed 10. Raise the side rail 11. Raise the back rest so resident is in a sitting position 12. Lower side rails 13. Turn resident so that he/she is sitting on the side of the bed. Feet should be dangling over the side of the bed 14. Stand at resident's side. Put your arm around resident's waist and assist him/her to stand at the bedside. 15. Pivot turn to assist resident in turning 16. Help the resident to sit down in the chair 17. Fasten safety straps if needed 18. Position resident comfortably 19. Place call bell where resident can reach it 20. Wash your hands 21. Check resident frequently while he/she is up in the chair	
2.7.6 Define and discuss what a stretcher is and the purposes of a stretcher.	F. Definition and purposes of a stretcher 1. A stretcher (sometimes called a lifter or gurney) is a wheeled cart on which residents remain lying down while they are moved from one place to another 2. Always have help when moving a resident from bed to the stretcher 3. When moving a stretcher a. Stand at the resident's head b. Push the stretcher so the resident is moving feet first c. Always have the side rails elevated and the safety straps fastened before moving the resident 4. When entering an elevator, turn the stretcher so that you enter head first	Lecture/discussion Role play Example of stretcher

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	Stand at the resident's head when the elevator is in motion 5. When leaving an elevator, push the stretcher out foot end first 6. When going down a ramp, guide the vehicle from the foot end. Always glance behind you to see if your way is clear, to prevent any collisions 7. Never leave a resident unattended on a stretcher 8. Always lock the stretcher wheels when you are not moving it 9. Cover the resident with a blanket or sheet when he/she is on the stretcher 10. Stretchers are used to transport a resident that: a. Can not sit in a wheelchair b. Can not tolerate being transferred in a sitting position due to illness c. Is unconscious	
2.7.7 Discuss the procedure to move a resident from the bed to a stretcher.	G. Moving a resident from bed to stretcher 1. Assemble your equipment a. Stretcher b. Sheet for stretcher c. Sheet or blanket to cover the resident 2. Two or three people to assist in the transfer 3. Tell resident that you will be moving him/her 4. Insure privacy 5. Raise the bed so that it is even with the stretcher 6. Lock the wheels of the bed 7. Cover resident with a top sheet 8. Place stretcher next to the bed	Equipment needed: Stretcher Sheets 2-3 persons

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	9. Lock the wheels of the stretcher 10. You will stand on the far side to the bed, your body will hold the bed in place 11. Your partner(s) will stand on the far side of the stretcher using their body to hold the stretcher in place 12. You should both (all) have your knees bent, your backs straight, and your weight balanced on both feet 13. At the signal "one, two, three," push, pull and slide the resident from the bed to the stretcher. Use a pull sheet whenever possible 14. Support the resident's head and feet 15. Cover resident with blanket 16. Fasten safety straps at hips and shoulders 17. Put side rails up on stretcher 18. Wash your hands 19. Move resident feet end first to destination	
2.8 Define and discuss the term correct body alignment.	VIII. Body alignment A. Normal body alignment (good body posture) 1. Is essential to correct functioning of the body 2. When the body is well aligned, undue strain is not placed upon the joints, muscles and body tissue 3. Muscles are usually in a state of slight flexion, referred to as tonus 4. When a person is ill and confined to bed, body alignment in several sitting and lying positions is of extreme importance 5. A bedridden resident must have his/her position changed often. Proper support and alignment of the resident's body is one of the aide's tasks	Text assignment Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	6. The correct positioning of the resident's body is referred to as body alignment 7. When a person's body is in correct body alignment: a. Head is erect, not flexed forward nor extended backwards b. Vertebral column is in normal alignment c. The extremities are positioned according to the position of the resident. (This will be covered later in objectives) d. Feet are in the "walking" position. e. The wrists are neither flexed nor extended. Fingers are slightly flexed. f. Hips are straight in line with the thighs.	Lecture/discussion. Trainex: "Positioning to Prevent Complications"
2.8.1 Describe the postural variation that occurs in the elderly.	B. Posture of elderly residents 1. Usually the typical posture of elderly people is one of flexion a. Head and neck are flexed slightly forward b. Eyes look down c. Spinal column is flexed forward d. Slight flexion exists at the hips and knees 2. The speed at which older people walk is slowed due to this flexed posture a. Small shuffling steps are taken b. Balance is not good due to the reduced strength of the hip and knee muscles	
2.8.2 Describe how the care plan should be utilized in determining the positioning of the resident.	C. Care plan as guide for positioning resident 1. Positioning resident a. Resident's condition b. Special exam/procedure c. Prevention of further complications 2. Importance of positioning as part of overall care	Discussion - care plan with positioning requirements

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
2.8.3 Demonstrate correct positioning of a resident in the supine position.	D. Correct positioning of a resident in the supine position 1. In the supine position, the resident is lying on his/her back with face upward 2. Head is in a straight line with the spine 3. Toes point upward 4. Usually arms are bent at the elbows and the hands are resting at the sides of the resident's body or one arm may be over resident's head to relax the back and shoulder muscles 5. A pillow may be placed under resident's head. If properly used, a pillow can be positioned under legs 6. Do not allow the legs to rotate outward Heels are to be kept free from resting against bed or pillow 7. Caution - be sure materials used for positioning do not restrict circulation E. Correct positioning of a resident in a side lying position 1. Resident is lying on his/her side 2. Head is in line with his/her spine 3. Body is not twisted 4. One pillow should be under the resident's head 5. Place a pillow near the resident's chest for arm to rest on 6. A third pillow is folded in half lengthwise and tucked against the resident's back. This will keep resident on his/her side. 7. A fourth pillow should be placed between the resident's legs so that he/she can rest one leg on it instead of the other leg	Skills Checklist #8

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
2.8.4 Discuss and demonstrate methods to assist resident with ambulation.	F. Ambulation needs - definition 1. Equipment a. Walkers, cane, crutches b. Gait belt 2. Principles a. Use good body mechanics b. Be sure of resident's ability before starting c. If you need help, get it d. Tell resident what or how to help 3. Benefits a. Circulation b. Muscles strengthened c. Relieves pressure d. Independence 4. Resident capabilities a. Balance b. Strength	Skills Checklist #9
2.9 Discuss procedure for range of motion.	IX. Procedure for Range of Motion (ROM) A. Range of Motion (ROM) 1. Is the act of exercising a resident's joint or joints Example: The arm is exercised by flexing (bending) it in the direction that an arm is usually used by an active person. All extremities are then exercised by flexing and extending the joints. 2. ROM includes exercise of the finger, neck and feet also 3. If the joint normally rotates, then rotation is also done. Example: wrist, hip. 4. NEVER force a joint to move, only exercise the joint to the point of pain. 5. Older people's bones can break very easily and their joints are usually stiff.	Trainex: "Range of Motion Exercises to Prevent Contractures" Lecture/discussion

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	Encourage them to do ROM when in the bathtub if they are able. The water is relaxing to the muscles.	
2.9.1 Demonstrate active and passive ROM.	6. Active ROM is when the resident can exercise his/her own joints. Important they do this to prevent atrophy 7. Passive ROM is when the nursing staff and/or physical therapist exercises the resident's joints for them. 8. People who have suffered a stroke and have subsequent paralysis of certain extremities have passive ROM performed on a regular basis. 9. Active and passive ROM can be done on the same resident. Always encourage the resident to do the exercise on their own, if possible.	Skills Checklist #10
2.9.2 Define and discuss the cause of contractures.	B. A contracture is a shortening and a thickening of ligaments and tendons and results in limited joint motion and physical deformities C. Contractures 1. Occurs when range of motion has not been done frequently enough, and 2. When no precautions; e.g., handrolls are used, and the rules of correct positioning of paralyzed body parts is not done. 3. If a contracture exists, any forced movement must be especially avoided, because pain and injury can easily occur. 4. Contractures occur very quickly in stroke victims and amputees. Studies show that within three days changes in muscle tissue from disuse occurs. D. Foot Drop - Causes 1. Occurs in resident who is not ambulatory	

Overview: This unit explores the resident's environment and describes the nurse aide's responsibility in maintaining a safe environment for the resident. Skills include medical asepsis, organizing resident's unit, recognizing and correcting safety hazards, and transporting and positioning resident.

OBJECTIVE	CONTENT	METHOD
	2. When not used, muscles in foot allow foot to fall down 3. Positioning prevents a. Block or board used b. Maintain foot at right angle to legs (walking position)	
2.9.3 Discuss the role of the aide in prevention of contractures.	E. Range of motion exercises is one of the most vital preventative techniques for prevention of contractures. F. The use of handrolls, sand bags, foot boards, and range of motion exercises can help prevent the loss of function and physical deformity that may occur with a contracture. G. Summary of aide's role 1. Be sure that resident is in correct body alignment at all times 2. Make use of all equipment that your institution provides; e.g., handrolls in a supply closet will not prevent a resident from getting a contracture, but a handroll properly placed in a resident's hand will. 3. Encourage the resident to move joints while bathing and/or you move the extremities for them. 4. Encourage the resident to tighten and relax all their muscles frequently throughout the day.	Lecture/discussion

Unit III PERSONAL CARE OF RESIDENT

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

Teaching Time: 8-10 hours

OBJECTIVE	CONTENT	METHOD
3.0 Describe personal hygiene needs of residents and identify nurse aide's role in helping resident meet these needs.	I. Hygiene needs of a resident	Text assignment
3.1 List the daily hygiene needs of all people.	A. Needs 1. Personal hygiene is the daily care that people do for themselves when able 2. When incapable of performing activities help is needed 3. Basic hygienic needs a. Elimination b. Personal cleanliness c. Oral hygiene d. Grooming e. Skin care	Lecture/discussion
3.2 Describe some of the factors that affect a person's hygiene practices.	B. Factors that affect a person's hygiene practices 1. Cultural 2. Social 3. Familial 4. Individual preferences 5. Illness	
3.2.1 List special considerations for helping nursing facility residents meet daily care needs.	C. Special considerations for helping the nursing facility resident to meet needs 1. Allow resident to follow established pattern a. Not everybody brushes their teeth before bathing. The personal preference of the resident is important. 1) Individual differences should always be considered by the health care team b. People with poor practices will need to be taught about good health and personal cleanliness	Lecture/discussion

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
3.3 Define and discuss the term oral hygiene.	D. Description 1. Cleaning the person's mouth and teeth 2. Essential part of daily hygienic needs a. An ill person's mouth and teeth need even more care than a person who is well physically b. People feel better if their mouth is clean and fresh c. Teeth should be brushed every morning and evening and after each meal d. A person's mouth and teeth can cause health problems if they are not kept clean e. When a person is ill, their mouth may have a: 1) Bad taste 2) Their tongue may feel "fuzzy" 3) They may not have enough saliva secretion to keep their mouth moist and their lips and gums may become cracked and sore. This can lead to infection. f. Oral hygiene should be given to residents that are unconscious and/or on fluid restrictions every two hours to keep mouth moist and prevent complications	Text assignment Lecture/discussion
3.4 Demonstrate the ability to give oral hygiene to a resident.	E. Giving oral hygiene to a conscious resident 1. Assemble your equipment - check to be sure labelled with resident's name 2. Wash your hands 3. Insure privacy 4. Tell resident you will assisting him/her with oral hygiene 5. Spread towel across the resident's chest to protect gown and/or sheets if resident	

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	is to remain in bed 6. If resident can walk to the bathroom or to sink in the room, have them do so 7. Mix water and mouthwash in equal proportions 8. Have resident rinse his/her mouth with the solution 9. The resident should then expectorate the solution 10. Resident is to, if possible, put toothpaste on a wet toothbrush 11. Have resident brush his/her teeth in circular motions 12. Assist them in rinsing their mouth, if necessary 13. Clean equipment and put it away - be sure brush is placed in toothbrush holder	Skills Checklist #11
3.5 Demonstrate the ability to give oral hygiene to a resident that wears dentures.	F. Cleaning dentures (false teeth) 1. Assemble equipment 2. Wash your hands 3. Insure privacy 4. Tell resident you wish to clean his/her dentures 5. Ask resident to remove dentures and place in emesis basin, if capable. If unable, the aide must remove. 6. Take the dentures to the sink 7. Be very careful with the dentures, as they can break 8. Line sink with paper towels or fill with water to prevent breakage 9. Apply toothpaste or denture cleanser with dentures in the palm of your hand. Brush until they are clean 10. Rinse thoroughly under running water 11. Fill denture cup with water and mouthwash	Contained in Skills Checklist #11

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	or use a prepared solution 12. Have resident rinse his/her mouth with mouthwash 13. Replace dentures in mouth. Be sure dentures are moist 14. Clean all equipment and put away - be sure brush is stored properly 15. Wash your hands	
3.6 Determine when a resident would need to have oral hygiene done for them.	G. Determine need for assistance 1. Due to illness 2. Physical deformities 3. Paralysis 4. Comatose resident	Lecture/discussion
3.7 Identify four purposes of bathing a resident.	II. Bathing a resident A. Reasons for bathing a resident 1. To clean the skin 2. Eliminate odors 3. Refresh a person 4. Stimulation of circulation and prevent bed sores (decubitus)	Text assignment Trainex: "Bed Bath"
	B. Four ways of bathing a resident 1. Complete bed bath 2. Partial bath 3. The tub or whirlpool bath 4. The shower	Lecture/discussion
3.8 Discuss the rules to follow when giving a bed bath to a resident.	C. Rules to follow 1. Assemble all of your equipment before you begin 2. Keep resident covered to prevent chilling 3. Use good body mechanics 4. Make a mitten for your hand out of the washcloth. This prevents dragging the edges across resident's skin. 5. Change the water frequently	Text assignment Lecture/discussion/demonstration

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	6. Wash and dry only one part of the body at a time 7. Soap can dry the skin--be sure to rinse the soap off well 8. Putting the resident's feet and hands into the water is very relaxing 9. Examine the resident's skin while bathing him/her. Report any discolored skin, redness, rashes, broken skin or tender places that you see. 10. Never trim or cut toenails without a special order from your supervisor 11. Warm any lotion in the palm of your hand before applying it to the resident's skin 12. Check linen and gowns for personal belongings before putting them in the laundry	
3.9 Watch a demonstration of a complete bed bath--and return demonstration.	D. Giving a complete bed bath 1. Assemble equipment 2. Wash your hands 3. Insure privacy 4. Tell resident what you will be doing 5. Offer bedpan or urinal before you begin 6. Arrange equipment conveniently in close reach 7. Cover resident with a bath blanket and then remove top linen 8. Position resident comfortably 9. Remove jewelry 10. Remove soiled gown 11. Fill wash basin two-thirds full with water at 115°F (36.1°C). Use a bath thermometer to check temperature. 12. Use good body mechanics 13. Wash resident's face first. Rinse and dry by patting gently.	Skills Checklist #12

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	14. Place towel under resident's far arm to protect the bed, then wash shoulders, axilla and arm. Rinse and dry well. Repeat procedure with near arm.	
	15. Put resident's hand in the water and wash. Clean resident's fingernails.	
	16. Wash other arm and hand in the same way	
	17. Place towel across resident's chest. Fold bath blanket down. Wash their neck and chest. Examine the skin under female resident's breasts. Dry thoroughly.	
	18. Expose to pubic area and wash abdomen. Dry well.	
	19. Empty water and refill basin	
	20. Place towel under one of the resident's legs. Wash and dry well.	
	21. Place far foot in basin and wash. Dry all creases and between the toes well. Repeat procedure with near leg.	
	22. Turn resident on his/her side	
	23. Wash, rinse and dry his/her back, buttocks and back of neck	
	24. Give resident a back rub with warmed lotion for about a minute and a half	
	25. Offer a resident a soapy cloth and ask him/her to wash their genitals. If they are not able to do this, then you will wash the perineum.	Trainex: "Peri Care"
	26. Assist the resident in dressing in clean clothes and gown	
	27. Clean equipment and put it away	
	28. Position resident comfortably	
	29. Report any observations to supervisor	

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
3.10 Determine when a partial bed bath should be given.	E. Partial bed bath 1. When a resident is able to take care of most of his/her bathing needs 2. The aide bathes only those areas that are hard for resident to reach, such as the back and feet 3. A partial bath can be given in bed and/or at the sink 4. The bathing procedure is the same as the complete bath only the resident is doing most of the washing and drying of his/her body	Lecture/discussion
3.11 Describe and demonstrate the procedure for providing perineal care.	F. Perineal care 1. Perineal area 2. Principles of care a. Done during bath, after voiding, defecating, when incontinent or before catheter care b. Cleanses - prevents complications c. Cleanses from front to back 3. Procedure a. Wash hands - use C.D.C. precautions b. Provide privacy and explain procedure to resident c. Remove soiled pads, clothing d. Men - Cleanse penis by pushing back foreskin, gently washing, anus, penis, and scrotum e. Women - Gently separate labia - wash down one side then the other (front to back) f. Wash buttocks and upper thighs g. Rinse thoroughly h. Dry thoroughly i. Dress in clean, dry clothes	See procedure book for your facility Text assignment Skills Checklist #13

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	j. Make resident comfotable k. Clean and return equipment 1. Wash hands	
3.12 Discuss the whirlpool bath and your responsibility in giving a whirlpool to a resident.	G. Whirlpool bath 1. In a whirlpool a resident is submerged to chest level in a comfortable chair height sitting position 2. The resident is placed in a chair lift and lowered into the whirlpool 3. The resident is cleaned by the whirlpool action of the water 4. Needs assistance to wash hair and shoulders 5. Whirlpools help prevent bed sores and can help heal existing bed sores 6. Procedure to assist: a) The whirlpool should be filled with water before resident is lowered in water b) Always check the temperature of the water before lowering a resident in the whirlpool (100-105° F.) c) Check equipment for proper functioning d) Be sure resident is safely fastened in the chair lift before raising it e) Have resident keep elbows inside of the chair to avoid pinching while being lowered into the whirlpool f) Reassure resident as needed g) Never leave resident unattended in a whirlpool (or any other bath tub or shower) h) Only use the special soap that is for whirlpool baths. Use proper amount i) Be very careful with washcloths as they can get lost and plug the drain	Lecture/discussion Skills Checklist #14

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	j) Disinfect whirlpool and chair	
3.13 Demonstrate the ability to assist a resident with a tub bath and/or whirlpool.	H. Tub baths	Text assignment
	1. Assemble equipment	
	2. Wash your hands	
	3. Tell resident that you will be assisting him/her with bath	Trainex: "Shower and Tub Baths"
	4. Insure privacy	
	5. Help resident out of bed. Assist him/her in putting on bathrobe and slippers. Assist to the tub room either by walking or by wheelchair	Skills Checklist #15
	6. Check for possible safety hazards in bath room	
	7. Clean tub with disinfectant solution	
	8. Fill the tub one half full of water at 105°F. (40.5°C.). Test the temperature with a thermometer.	
	9. Place a towel in the bathtub for the resident to sit on	
	10. Place a towel/nonslip pad on the floor where the resident will step out of the tub. This will prevent slipping.	
	11. Assist resident to get undressed and into bath tub	
	12. Help resident wash self, if needed. Be sure good perineal care has been completed.	
	13. Put a towel on the chair	
	14. Help resident out of the tub, being very careful that he/she doesn't slip. Sit the resident on a chair	
	15. Dry resident well. Help the resident dress.	
	16. Return resident to room or wherever the resident is to go at that time	

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	17. Clean bath tub and area. Remove all soiled linen. 18. Wash your hands	
3.14 Assist a resident with a shower.	I. Assisting a resident with a shower 1. Remember that showers can be slippery 2. Procedure is the same as tub bath 3. Use a shower chair. NO standing. 4. Check the temperature of water before allowing resident in the shower 5. Always keep soap in soap dish. A bar of soap can cause accidents. 6. Assist with perineal care as needed	
3.15 Assist residents with nail care.	III. Providing other hygiene tasks A. Care of nails 1. Reasons a. Harbor bacteria - cause infection b. Scratch 2. Condition a. Living habits, diet affects condition b. Disease 3. Precautions - do NOT trim nails on these residents a. Poor circulation 1) Diseases of circulatory system 2) Diabetes b. More susceptible to infections/other problems 4. Fingernail procedure a. Soak fingertips in warm, soapy water 2-3 minutes b. Push cuticle back with blunt orange-wood stick c. Use orange stick and file to clean under nails	Demonstration/return demonstration Skills Checklist #16

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	d. Trim and smooth nails file or emery stick e. Clean equipment to be reused and store 5. Foot care a. Soak in warm soapy water b. Cut straight across toenail (rounding causes ingrown toenails) c. Massage feet with lotion d. Sweet oil or foot cream softens calluses e. NEVER trim corns or calluses f. Clean equipment to be reused and store	
3.16 Discuss the general principles of dressing and undressing a resident.	B. Dressing and undressing a resident 1. A person in a long term care facility should be dressed in their "street" clothes (including underclothing) whenever possible 2. Be sure clothing is appropriate for time/ season and resident's preference 3. The resident should dress themselves whenever possible 4. If resident needs assistance: a. Remove night clothes before dressing b. Remove one arm of a shirt or blouse at a time. Disabled people may not bend as easily c. Sometimes raising both arms over the head and putting on or removing the sleeves on both arms at once prevents stretching of the shoulder muscles and pain, especially with people that have arthritis. d. If the resident is paralyzed on one side, dress the affected arm or leg first and remove the clothing from that arm or leg last	Text assignment Lecture/discussion Role play

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	e. NEVER jerk or pull clothing off. Always be gentle and remove clothing slowly. f. Do NOT put resident's clothes on backwards. Use adaptive clothing when necessary g. Dressing aids/tools resident can use 1) Long shoe horn 2) Reaching tongs 3) Reacher	
3.17 Demonstrate the care of a resident's hair including shampooing.	C. Shampooing a resident's hair 1. Grooming frequently associated with a person's sense of well being 2. The frequency is highly individualistic 3. Most residents have their own favorite brand of shampoo 4. A creme rinse can prevent tangling 5. Beauty shops may be available 6. When you assist a resident with a shampoo, be sure that all of the shampoo is rinsed out of their hair to prevent drying and itching of the scalp 7. Protect eyes and ears of resident when shampooing 8. Clean brush and comb on shampoo days	Lecture/discussion Skills Checklist #17
	D. Combing a resident's hair 1. Hair should be combed daily after morning care and whenever necessary throughout the day 2. It is a very important part of a resident's personal care 3. Brushing and combing stimulates blood circulation and brings oils to the surface and spreads them evenly over the hair	Lecture/discussion Role play

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	4. Residents feel better about themselves if their hair is combed and styled attractively 5. If you comb the resident's hair in bed, always cover the pillow with a towel 6. Gently brush up from the neck toward the top of the head. This stimulates the scalp. 7. While combing, hold a small section of hair between the scalp and the comb to prevent pulling 8. If hair is long, start at the ends and work towards the scalp 9. Long hair should be braided to prevent tangling, but try to style it the way the resident likes it, if possible 10. Resident should always be encouraged to comb their own hair if physically possible 11. Clean comb and brush before starting	
3.18 Discuss the importance of shaving resident with unwanted facial hair.	E. Shaving a resident's facial hair 1. All residents with unwanted facial hair should be shaved daily 2. If able, provide equipment; let resident shave self 3. If ill or weak, you will shave the resident 4. Always check with your supervisor before shaving a resident that you have not shaved before 5. Be sure face is washed before shaving 6. Be sure resident has dentures in when shaving 7. Use either the resident's razor or facility's to shave resident	Lecture/discussion Skills Checklist #18

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	8. Shaving can be done with an electric razor. Electric razors are never used if a resident is receiving oxygen, unless it can be turned off for the time it takes to shave him	
	9. When using an electric razor, always move the razor in a circular motion and clean it after each use.	
3.19 Discuss the purposes for using bedpans and urinals.	IV. Residents elimination needs	Text assignment
	A. Reasons for using	Lecture/discussion
3.20 Demonstrate the ability to give a male resident a urinal.	B. Giving a male resident a urinal	
	1. Assemble equipment	
	2. Wash your hands	
	3. Ask visitors to leave room and insure privacy	
	4. Give urinal to the resident or place for resident when needed	
	5. Place the signal cord within easy reach. Ask resident to signal you when he is finished.	
	6. Wash your hands. Leave the room to give the resident privacy.	Skills Checklist #19
	7. After a short time, or when the resident signals, return to the room	
	8. Cover the urinal and take it to the resident's bathroom	
	9. Check urine for abnormal appearance	
	10. Measure the urine if the resident is on intake and output. Collect a specimen if required.	
	11. Empty the urinal into the toilet. Rinse the urinal with cold water. Do not contaminate faucet with urinal	
	12. Put the clean urinal back in the resident's bedside stand	

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	13. Assist resident to wash his hands 14. Wash your hands	
3.21 Demonstrate the ability to give a resident a bedpan/fracture pan.	C. Giving a resident a bedpan 1. Assemble your equipment 2. Wash your hands 3. Ask visitors to leave the room and insure the resident's privacy 4. Warm the bedpan by running warm water inside it and along the rim. Dry the outside of the bedpan. 5. Fold back top sheets so they are out of the way 6. Raise the resident's gown 7. Ask the resident to: bend his/her knees; put feet flat on the mattress; raise hips by pressing feet on the mattress. If necessary, help the resident raise buttocks by slipping your hand under the lower part of back. Place the bedpan in position under the buttocks. 8. Sometimes the resident is unable to lift buttocks to get on or off the bedpan. In this case, put opposite side rail up, turn resident on side with resident's back to you. Turn the resident back onto the bedpan 9. Replace the covers over the resident 10. Raise the backrest and kneerest, if allowed, so the resident is in a sitting position 11. Put toilet tissue and the signal cord where the resident can reach them easily 12. Ask the resident to signal when finished 13. Raise the side rails to the up position	Skills Checklist #20

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	14. Wash your hands. Leave the room to give the resident privacy. 15. After a short time, or when the resident signals, return to the room. Help the resident to raise hips so you can remove the bedpan or have them turn while holding bedpan secure 16. Cover the bedpan immediately 17. Help the resident if unable to clean themself. Turn the resident on side, clean anal area with toilet tissue from front to back 18. Take bedpan to the resident's bathroom 19. If specimen is required, collect it at this time. Measure the urine if the resident is on intake and output 20. Check the feces or urine for abnormal appearance 21. Empty the bedpan 22. Follow your institution's policy for cleaning the bedpan 23. Put the bedpan back in resident's room in the bedside stand 24. Help resident wash their hands 25. Lower backrest and kneerest 26. Make the resident comfortable 27. Wash your hands 28. Reposition the signal cord and leave room	
3.22 Discuss the purpose of a bedside commode.	D. Bedside commode 1. Description 2. Used when a resident can not use a bedpan in bed, or when the resident can move around in the room, but walking to the bathroom is not possible 3. Commodes are more comfortable than bedpans	Example of commode Lecture/discussion

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	4. The resident uses the commode as would a toilet 5. Always lock the wheels before the resident sits down 6. Never leave a resident alone on a commode if there is any possibility of them falling 7. Clean after each use and cover when not in use	
3.23 Define and discuss the term pressure sore. 3.24 List five causes of pressure sores.	V. Pressure sores A. Area where the skin is broken because of pressure B. Cause 1. Interference with the circulation of blood in a part of the body 2. The usual areas you will see decubitus ulcers are over the bony prominences 3. Bony prominences of the body are where the bones come close to the surface of the body 4. The pressure is a result of the body being in one position for too long. Can occur in bed or chair 5. Wrinkles in linen can cause a pressure area also	Text assignment Trainex: "The Prevention and Treatment of Decubiti"
3.25 Identify the conditions that can lead to the formation of or worsening of a pressure sore.	C. Conditions that affect the formation of a pressure sores 1. Continued pressure 2. Heat, moisture and lack of cleanliness 3. Irritating substances on the skin, such as perspiration, urine, feces, material from wound discharges or soap that has been left on the skin 4. Malnutrition - dehydration 5. Immobility - friction - shearing	Lecture/discussion

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	6. Foreign objects, e.g., crumbs 7. Wrinkles	
3.26 Describe the signs and symptoms of a pressure sore.	D. Signs and symptoms of pressure sores 1. Initial symptoms - report to nurse immediately a. Reddened - bluish discoloration b. Warm - hot c. Tenderness d. Painful e. A feeling of burning 2. Advanced stages a. Blister may form b. Skin may have a break c. Color may darken 3. Places to check on the body for a pressure sore a. Shoulder blades b. Elbows c. Knees d. Heels e. Ankles f. Backbone - coccyx g. Ears h. Back of head i. Between fingers and toes 4. Disabled people are more prone to the development of pressure sores a. Their skin is very fragile b. They may not have an adequate amount of tissue padding over their bones c. They need to be reminded to turn and change positions 5. Obese people tend to get pressure sores on areas where their body parts rub together. a. Places to check for formation of pressure	Lecture/discussion

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
	sores are the folds of the body where skin touches skin 1) Under the breasts 2) Between the folds of the buttocks 3) Between the thighs 4) Abdominal folds	
3.27 Discuss the prevention of pressure sores.	E. Prevention of pressure sores 1. Everyone's responsibility 2. Result of carelessness or a lack of knowledge and skill in caring for residents 3. Once formed, hard to heal 4. Report the first sign of a pressure sore to nurse 5. Turn the resident often. Change their position at least every two hours. 6. Don't leave a resident on a bedpan, toilet or commode for a long time 7. Keep resident's skin clean and dry 8. If an area is becoming reddened, massage area with lotion frequently throughout your shift. If skin is broken, massage around area 9. Use powder in skin folds of obese people. Prevent caking at all times. 10. Keep linen clean and wrinkle free at all times 11. If resident is incontinent, check frequently for urine or feces. Clean resident up immediately and wash with soap and water. Dry skin thoroughly. 12. Massage the bony prominences each time you turn a resident with lotion using a gentle circular motion to increase the circulation	Lecture/discussion

Overview: This unit explores the personal hygiene needs of the resident and the nurse aide's role in helping residents meet these needs. Oral hygiene care, bathing, grooming, and elimination needs are included.

OBJECTIVE	CONTENT	METHOD
3.28 Identify and discuss the various special equipment you may use in the prevention of pressure sores.	F. Equipment useful in the prevention of pressure sores 1. Air cushions 2. Sponge rubber cushions 3. Cotton rings for heels and elbows 4. Pillows 5. Alternating air mattress 6. Water beds 7. Flotation pads 8. Sheep skins 9. Commercial pressure relieving devices	Examples of special equipment used by your facility
3.29 Discuss procedures and demonstrate ability to do a back rub.	VI. Back rubs A. Rubbing a resident's back refreshes him/her B. Relaxes muscles C. Stimulates circulation D. Usually given during morning care, right after the resident's bath. They are also given: 1. As part of evening care 2. Every time you change a resident's position or critically ill or chronically disabled 3. To relax a resident at anytime 5. Always warm the lotion in the palm of your hands before putting it on the resident's skin 6. Exert firm pressure as you stroke upward from the resident's buttocks to shoulders and gentle pressure as you stroke downward from shoulders to buttocks 7. Use a circular motion over each bony prominence 8. Always remove any excess lotion by patting with a towel	Text assignment Lecture/discussion Demonstration

Unit IV

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs. Teaching Time: 3 hours

OBJECTIVE	CONTENT	METHOD
4.0 Briefly identify the basic body structure of the digestive system and discuss the functions that occur during digestion of food.	I. Body nutritional needs A. The digestive system 1. Converts food to energy and chemicals 2. Action a. Chemical b. Mechanical	Text assignment Lecture/discussion
	B. Parts of digestive system 1. Mouth a. Teeth b. Tongue 2. Esophagus 3. Stomach 4. Small intestines 5. Large intestines 6. Liver, pancreas, gallbladder	Diagrams: The digestive system the mouth the digestive system internal view Lecture/discussion
	C. Digestion 1. Total process from mouth to excretion takes 36 hours 2. Absorbed in small intestine	
4.1 Discuss eight digestive changes that may occur in residents that affect nutrition.	D. Special digestive considerations for residents 1. Food may be digested more slowly 2. There may be a need for fewer calories 3. Constipation is more common 4. Decreased appetite/decreased thirst 5. Smell can also be affected 6. Gag/swallowing reflex not as good 7. Decreased saliva secretions 8. Teeth/dentures not as effective in chewing food	
4.2 Discuss the four basic food groups that comprise a well balanced diet.	E. Well balanced diet 1. A variety of food from the four basic food groups at each meal	Text assignment
	F. Four basic food groups 1. Dairy products a. Milk	Chart of Four Basic Food Groups Lecture/discussion

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	b. Cheese c. Ice Cream d. Any food made from milk products 2. Vegetables and fruit a. Includes dark green or deep yellow vegetables b. Citrus fruits or tomatoes 3. Meat and fish a. Meats b. Fish c. Poultry d. Eggs e. Cheese F. Dry beans, peas, nuts 4. Breads, cereals and potatoes a. Enriched or whole grain	
4.3 Define a therapeutic diet and discuss a few of the basic therapeutic diets that you will see in a nursing care facility.	G. Therapeutic diet 1. Modifications of a normal diet 2. Ordered by a physician for a. Diabetes b. Heart disease c. Allergy to certain foods d. Obesity e. Peptic ulcer disease	Lecture/discussion
	H. Common therapeutic diets 1. Low sodium diet 2. Weight reduction diet 3. Bland diet 4. Diabetic diet 5. Mechanically altered a. Soft b. Pureed 6. Low cholesterol 7. Low fat	Examples of sample diets

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	I. Diet changes may be hard for resident to accept	
4.4 Identify your role as an aide in preparing the ambulatory resident for meals.	II. Aide's role in helping resident meet dietary needs	Text assignment
	A. Preparing resident for meals	Lecture/discussion
	1. All residents should be toileted, clean and dressed for meals	
	2. All residents who are physically able should be eating in the dining room unless specified otherwise in care plan	
	3. Cheerful, attractive environment, food should appear appetizing	Role play
	4. Mealtime is a social time	
	5. Your attitude should be cheerful and patient at meal times. Residents eat more slowly and require more time for meals	
4.5 Identify your role as an aide in preparing the residents who are confined to their rooms or beds for meals.	B. Preparing confined residents for meals	Lecture/discussion
	1. Meal time can be a happy time for bed residents	
	2. Show the resident what he/she will be eating	
	3. Clear away any unpleasant objects, e.g., bedpan, urinal	
	4. Make sure resident is comfortable and can reach his/her tray comfortably	
	5. If he/she is able, they might be more comfortable sitting up in a chair. If not, the head of the bed should be elevated to a position of comfort	
	6. Make sure food such as meat is cut in small pieces and within reach and containers uncovered	
	7. If possible, sit with resident while they begin their meal to determine possible	

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	problems and to encourage a more special environment	
4.6 Discuss the use of adaptive devices for assisting resident in eating.	C. Adaptive devices 1. Plate guards 2. DICEM pad 3. Adaptive utensils 4. Special cups/glasses 5. Divided plates	
4.7 Demonstrate the ability to prepare a resident confined to bed or room for a meal.	D. Procedure for preparing resident for meals 1. Assemble equipment 2. Offer bedpan or assist to bathroom 3. Have resident wash hands - check for clean nails 4. Raise head of bed or position chair comfortably 5. If resident can sit up in a chair, be sure to assist with his/her slippers and robe 6. Remove any unpleasant objects from sight. Note any odors. 7. After resident has eaten meal, note a. what was eaten b. fluids taken (for intake) and record c. resident's comments concerning meal likes and dislikes 8. Offer bedpan or urinal 9. Reposition resident 10. Report any pertinent information to immediate supervisor	Return demonstration Role play
4.8 Identify your role as an aide in feeding a resident.	E. Feeding a resident 1. Some residents need help eating 2. Adults usually find that being fed makes them feel resentful or depressed 3. When feeding a person, make sure your attitude is helpful and pleasant	Text assignment Lecture/discussion

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	4. Encourage the resident to do as much as possible for themselves 5. Do not rush residents through their meals. Most residents need more time. 6. Occasional need to remind residents to chew 7. Give resident time to chew the food thoroughly and swallow 8. Check the temperature of hot liquids before feeding them to resident, the sensitivity to heat may be decreased 9. Syringes to feed residents should be used only as last resort a. Aides may do it only after being instructed by supervisory nurse b. Approved to do it by supervisory nurse 10. Foods that are to be eaten hot should be eaten first 11. If resident can not see foods well enough to distinguish what they are eating, tell them what you will be feeding them a. "This is mashed potatoes, now try some carrots" This type of communication helps the resident in feeling comfortable while being fed 12. No sipping or blowing - no touching the food 13. Food that is not eaten is returned to dietary department	Role play: Choose partners. Blindfold one of the students. Have the other person feed the blindfolded student. Reverse roles.
4.9 Demonstrate the ability to feed a resident	F. Feeding a resident 1. Tell resident you will be assisting him/her with meal	Return demonstration Skills Checklist #21

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	2. Position the resident comfortably. Head of bed elevated, etc. 3. Make yourself comfortable. If you sit down in a chair you and the resident will be more relaxed 4. Tuck a napkin under resident's chin 5. Season food according to resident's preference and diet 6. Fill spoon only half-full (use the tip of the spoon, not the side) 7. Put the food in the side of the resident's mouth 8. Alternate liquids and solids 9. Use a straw, unless contraindicated, for liquids 10. Feed resident slowly 11. Record fluid intake 12. Wipe resident's mouth 13. Clean area 14. Offer bedpan/urinal 15. Position resident comfortably 16. Note: a. How much was eaten b. Any comments concerning meal 17. Report to immediate supervisor	
4.10 Discuss the emergency treatment of a choking person.	III. Dealing with a choking resident A. Causes of choking 1. Choking may be a possibility at any time. Choking occurs more frequently in persons with physiological changes a. They have a decreased gag reflex b. They don't always chew food completely c. Decreased ability to cough	Handout: "Conscious/Unconscious Choking Resident Maneuver" from Iowa State Dept. of Health, Emergency Medical Services, Lucas State Office Building, Des Moines, IA 50319

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	2. Choking is caused by food or other objects blocking a person's airway 3. When the airway is blocked, the victim cannot speak or breathe	
4.11 Describe process for administering emergency care in the event of a resident choking.	B. Procedure for assisting the conscious/ unconscious choking victim 1. What to look for: The victim of food choking a. Cannot speak b. Cannot breathe, gasps for air c. Turns blue d. Collapses e. Holds hand at throat 2. Choking is a life-threatening emergency and must be handled <u>immediately</u> 3. Victim standing or sitting (conscious) a. Determine airway obstruction b. Stand behind the victim and wrap your arms around victim's waist c. Make a fist with one hand and place the thumb side against victim's abdomen in midline slightly above navel and well below the tip of the Xiphoid d. Grasp fist with other hand e. Press victim's abdomen with quick upward thrusts f. Make each thrust distinct and delivered with intent of relieving the obstruction g. Repeat until foreign body is removed or victim becomes unconscious 4. Victim becomes unconscious: a. Position on back b. Call for help c. Perform finger sweep	

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	d. Attempt ventilation e. Perform abdominal thrusts f. Perform finger sweep g. Attempt ventilation h. Repeat 5. Assisting the victim who is obese a. Chest thrusts with victim standing or sitting 1) Stand behind victim - arms directly under victim's armpits 2) Encircle victim's body 3) Position hands with heel of hands on lower half of sternum 4) Deliver thrust slowly, distinctly	See Standards for CPR and ECC Skills Checklist #22
4.12 Identify and discuss the rules of giving between-meal nourishments.	IV. Between meal nourishment A. Rules to follow in giving between-meal nourishments 1. Extra nourishments (snacks) are given to residents at specific times throughout the day 2. The snack may be liquid or solid food 3. The main points to consider when passing out snacks are: a. Special diets b. NPO c. Fluid restrictions d. Food restrictions 4. Be sure resident can have the specific nourishment before offering it	Text assignment Lecture/discussion
4.13 Identify and discuss the rules that you need to observe in the passing of drinking water.	B. Guidelines to follow in passing drinking water 1. Wash hands 2. Check resident's preference regarding ice 3. Names should be on water containers	Handout "Excerpts from Food Service Manual"

Overview: In this unit the student explores the normal basic body structure and function related to the aspect of nutrition, the nutrients required in a well balanced diet, diet modifications required to treat special conditions and assisting resident to fulfill nutritional needs.

OBJECTIVE	CONTENT	METHOD
	4. Do not touch rims or inside of glasses with hands 5. If ice given, be sure scoop handle is kept out of ice 6. Ice container should be transported in covered container 7. Be sure each resident gets their own pitchers back 8. Be aware of resident fluid restrictions or special considerations when passing waters	

Unit V

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

Teaching time: 8-10 hours

OBJECTIVE	CONTENT	METHOD
5.1 Explain what vital signs are and define the abbreviations for each.	I. Vital signs A. Measurement 1. Temperature - how much heat is in the body 2. Pulse - how fast the heart beats 3. Respiration - how often a person breathes in and out and how the breath sounds 4. Blood pressure - how much pressure there is against the arteries B. Abbreviations for vital signs 1. Temperature - T 2. Pulse - P 3. Respiration - R 4. Blood pressure - BP 5. Vital signs - TPR and BP	Text assignment Lecture/discussion
5.2 Discuss the normal structure and function of the circulatory system.	C. Circulatory system and vital signs 1. Blood 2. Heart 3. Blood vessels a. Veins b. Arteries c. Capillaries D. Function of blood 1. Carry oxygen and carbon dioxide 2. Carry nutrients to cells 3. Removes waste products 4. Carry hormones from glands 5. Maintain fluid balance 6. Defend the body against disease E. Function of the heart 1. Pump for the blood a. Four chambers 1) Right atrium 2) Right ventricle 3) Left atrium 4) Left ventricle	Handout of diagrams or transparencies Trainex: "How the Heart and Circulatory System Works" "The Nervous System and the Cardiovascular System" Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	F. Function of blood vessels 1. Dilate and contract to control body temperature 2. Transportation system for the blood 3. Arteries carry blood away from the heart 4. Veins carry blood back to the heart 5. Capillaries - one cell in thickness. Gas exchange and nutrient exchange take place	
5.3 Discuss the normal anatomy and physiology of the respiratory system.	G. Structure of respiratory system 1. Nose and mouth 2. Pharynx 3. Trachea 4. Larynx 5. Bronchi 6. Lungs H. Nose and mouth function 1. Warm and filter air 2. Pharynx passage of air and food 3. Trachea carries air to lungs 4. Larynx is voice box 5. Bronchi carry air to lungs 6. Lungs allow the carbon dioxide to be exchanged for oxygen	Text assignment Trainex: "Respiratory System, Digestive System and Special Senses" Lecture/discussion Handout - Respiratory System
5.4 Define the term body temperature and discuss how body temperature can be measured.	II. Measuring vital signs - TPR A. Body temperature 1. Measurement of the amount of heat in the body 2. Created in the process of changing food into energy 3. Lost through a. Perspiration b. Respiration c. Excretion	Text assignment Handout "Worksheet on Vital Signs" Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	B. Measurement of body temperature	
	1. Measure by a thermometer	Trainex: "Temperature, Pulse and Respirations"
	a. Either glass or electronic	
	b. Calibrated in Celsius or Fahrenheit	
	c. Oral, rectal, axillary	
5.5 Discuss the care of glass thermometers.	2. Care of glass thermometers	
	a. Break easily, handle with care	
	b. Break easily - be sure you use oral for alert, cooperative resident	Nursing facility's procedure for cleaning of thermometers
	c. Disinfect after each use	
	3. Care of electronic thermometer	
	a. Use of probes	
	b. Probe covers	
	c. Storage	
5.6 Identify the normal body temperature of adults, in Fahrenheit and Centigrade.	4. Normal adult temperature	
	a. Orally 98.6°F. - 37°C.	Handout: Conversion scale for Fahrenheit to Celsius
	b. Rectally 99.6°F. - 37.5°C.	
a. Discuss the difference between Fahrenheit and Centigrade.	c. Axillary 97.6°F. - 36.4°C.	Discussion of individual care facility's measuring system
	d. Physiological factors that affect normal temperature	
	e. Major scales for measuring	
	1) Fahrenheit (abbreviated F.)	
	2) Centigrade (abbreviated C.)	
	3) Both scales are correct	
5.7 Read a thermometer correctly.	5. Reading a thermometer	
	a. Shaking down mercury thermometer	
a. Select the correct (oral/rectal) thermometer.	b. Identify parts of thermometer	
	1) Bulb	
b. Differentiate between Fahrenheit and Celsius.	2) Stem	
	3) Mercury	
	4) Mercury column	
	c. Electronic thermometers	
	1) Power pack	
	2) Rectal attachment	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	3) Oral attachment 4) Probes	
	d. Identify calibrations and numbers	Text assignment
	1) Normal temperature and calibrations a) Fahrenheit b) Centigrade	
	e. Reading an electronic thermometer	
5.8 Discuss procedure to take an oral temperature.	6. Obtaining an oral temperature with mercury thermometer	Skills Checklist #23
	a. Check resident for factors that affect results	
5.9 Demonstrate the ability to accurately obtain an oral temperature.	1) Smoking 2) Ice water 3) Hot drinks	
	b. Inspect thermometer	
	c. Wipe disinfectant off	
	d. Shake thermometer down	
	e. Insert thermometer	
	f. Leave thermometer in 5-10 minutes for oral	
	g. Read thermometer correctly	
	h. Record reading	
	i. Disinfect	
	7. Obtaining an oral temperature with electronic thermometer	
	a. Remove from battery	
	b. Use probe - probe cover	
	c. Insert	
	d. Leave in place as indicated	
	e. Read	
	f. Record	
	g. Store	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.10 Identify resident's condition that require a rectal temperature be taken.	C. Conditions requiring rectal temperature 1. Physician's order 2. Children 3. Appliances on resident's face 4. Mouth breathers 5. Sneezing or coughing spells 6. Mouth is inflammed 7. Receiving oxygen 8. Safety precautions when resident is a. Delirious b. Unconscious c. Confused d. Restless e. Paralyzed f. History of seizures	Text assignment Lecture/discussion
5.11 Discuss the procedure for obtaining a rectal temperature. 5.12 Demonstrate the ability to obtain an accurate rectal temperature	D. Obtaining a rectal temperature 1. Inspect thermometer or place probe 2. Insure resident's privacy 3. Position resident (you may need assistance) 4. Remove disinfectant 5. Put on rectal glove 6. Lubricate thermometer or probe cover 7. Insert thermometer - hold thermometer in place 8. Leave mercury thermometer for 3-5 minutes, check electronic for signal 9. Read thermometer correctly 10. Record reading 11. Disinfect thermometer - replace in storage	Skills Checklist #23 continued
5.13 Identify resident conditions when an axillary temperature should be taken.	E. Factors that determine need for axillary temperature 1. Physical deformities 2. Rectal surgeries 3. Diarrhea and vomiting	Text assignment

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	4. Any factor that could influence the obtaining of a temperature by other means	
5.14 Discuss the procedure to obtain an axillary temperature. 5.15 Demonstrate the ability to obtain an accurate axillary temperature.	F. Obtaining axillary temperature 1. Inspect thermometer 2. Insure resident's privacy 3. Shake thermometer down 4. Correctly position thermometer 5. Leave thermometer in place 7-12 minutes 6. Stay with resident during procedure 7. Read thermometer correctly 8. Record reading	
5.16 Accurately record temperature on temperature sheet.	G. Recording temperature 1. Right resident 2. Right date 3. Correct reading 4. Correct scale 5. Record route if other than oral	Individual care facility's vital recording sheets
5.17 Identify and discuss when immediate supervisor should be notified concerning resident's temperature.	H. Immediate supervisor should be notified when 1. Temperature reading is above the previously stated normals 2. About any difficulties in obtaining temperature 3. Report any unusual observations, e.g. changes from previous condition	Text assignment Lecture/discussion
5.18 Define the term pulse.	I. Body mechanism that "causes" the pulse 1. Each heartbeat as it pumps blood into the arteries 2. Expansion of arteries 3. Between heart beats the arteries contract and return to their normal size 4. The heart pumps the blood in a steady rhythm 5. The rhythmic expansion and contraction of the arteries	Text assignment Lecture/discussion Trainex filmstrip: "Temperature, Pulse and Respirations"

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	6. The pulse measures how fast the heart is beating 7. Certain places on the body the pulse can be felt easily under the fingers	
5.19 Identify the six areas of the body where the pulse can be felt.	a. Sites that pulse can be felt 1) Brachial 2) Carotid 3) Dorsal pedis 4) Facial 5) Femoral 6) Radial	Role play
5.20 Identify the normal pulse rates. a. For a child. b. For an adult. c. For a geriatric resident.	J. Normal pulse rates - establish baseline 1. For a child a. 80 - 115 2. For an adult a. 72 - 80 3. For a geriatric resident a. 60 - 80 b. Effects of illness on the pulse 1) More variable 2) Faster - thready 3) Some medications slow pulse c. Cardiac conditions that affect the problem 1) Arrythmias (irregular heart beat) 2) Arteriosclerosis 3) Congestive heart disease	Chart
5.21 Discuss the method of obtaining a radial pulse.	K. Radial pulse 1. At radial artery on wrist 2. The thumb side of the hand 3. Easiest site to feel pulse	
5.22 Define and discuss the terms rate, rhythm and force of beat.	4. Rate - number of beats per minute 5. Rhythm - steady and regular 6. Force of beat - feeling of pulse against your fingers	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.23 Identify and discuss the abnormal pulse beats that should be reported to your immediate supervisor.	L. Report the following immediately to your supervisor 1. An <u>abnormal force</u> of the beat can be distinguished by a. Bounding pulse 1) Can not be occluded by mild pressure b. Feeble, weak and thready 1) Can be occluded by slight pressure 2) Usually a thready pulse has fast rate 2. An <u>abnormal rate</u> can be distinguished by: a. Bradycardia - pulse beat of under 60 for one full minute b. Tachycardia - pulse beat of over 100 for one full minute 3. An <u>abnormal rhythm</u> can be distinguished by: a. Irregularity of beats b. If it feels like beats are being "skipped" when being counted for one full minute c. Many geriatric residents have an abnormal radial rhythm due to changes that occur with age in their blood vessels	
5.24 Demonstrate the procedure to obtain and record a radial pulse.	M. Obtain a radial pulse 1. Identify resident 2. Position resident comfortably 3. Position your fingers correctly 4. Count pulse for one full minute 5. Record pulse rate on TPR sheet a. Right resident b. Right date c. Correct count d. Correct column 6. Notify immediate supervisor of abnormalities	Text assignment Skills checklist #23 continued Individual care facility's vital recording sheets

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.25 Define the term "apical pulse".	N. Apical pulse 1. Measurement of the heart beats, at the apex of the heart 2. Apex of heart a. Under left breast b. Can hear heart beat with stethoscope	Text assignment Lecture/discussion
5.26 Discuss normal respirations.	O. Function of respiratory system 1. Supply body with air (oxygen) and release carbon dioxide 2. Interaction of circulatory system a. The heart pumps the blood through the arteries b. Blood circulates through the lungs c. Blood carries the oxygen to the different areas of the body d. Respirations - equals inhaling and exhaling	Text assignment Diagram of respiratory system
5.27 Demonstrate the procedure to obtain and record a respiration rate.	P. Obtaining a respiratory rate 1. Position resident on his/her back 2. Watch or feel resident's chest expand and contract as he/she breathes 3. Can be counted while taking radial pulse 4. Count natural respirations for one full minute 5. Recording respirations a. Right resident b. Right date c. Correct count d. Correct column	Skills Checklist #23 continued
5.28 Identify characteristics of respirations that should be reported immediately. 5.29 Identify and discuss the changes that can occur in respirations due to activity and medications.	Q. Characteristics of respirations 1. Average rate of adults - 12-20 per minute 2. Causes of an increase and/or decrease in respiratory rate a. Exercise b. Emotional stress	Chart of normal respiratory rates Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	c. Digestion of food d. Disease conditions e. Drugs f. Stimulants g. Heat h. Cold i. Age	
5.30 Identify and discuss when your immediate supervisor should be notified concerning resident's respirations.	3. Immediate supervisor should be notified when respirations are: a. Labored - hard for resident to breathe b. Noisy - when resident breathes, you hear noise 3. Slow - below 12 4. Fast - above 24 5. Irregular or shallow 6. Report any other observations of anything unusual	Role play Lecture/discussion
5.31 Define and discuss what the term blood pressure means.	III. Blood Pressure A. Description 1. Pressure in the arteries 2. Force of the blood pushing against the walls of the blood vessels 3. The amount of pressure in the arteries depends on two things: a. The rate of the heart beat b. How easily the blood flows through the blood vessels	Text assignment Lecture/discussion Trainex: "Blood Pressure"
5.32 Define and discuss the two measurements that are obtained when measuring a blood pressure. a. Systoloic. b. Diastolic.	4. Systolic pressure a. When heart contracts the blood pressure is the highest b. First sound you hear when measuring a blood pressure 5. Diastolic pressure a. The heart relaxes between each contraction	Cassette Tape: Blood Pressure Sounds Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	b. The pressure goes down c. When heart is relaxed the pressure is the lowest d. When the sounds cease 6. When measuring blood pressure you are finding the systolic and diastolic rates	
5.33 Discuss the normal blood pressure in adults and the methods of assisting the resident to control blood pressure.	B. Factors that affect blood pressure 1. Illness 2. Exercise 3. Emotional and physical stress 4. Diet 5. Medications C. Rehabilitation of person with abnormal blood pressure 1. Treatment of hypertension, prevention of strokes a. Regularly taking medication b. Controlled diet (low salt) c. Decrease in stressful situations 2. Treatment of hypotension a. Medication b. Change positions slowly	
5.34 Demonstrate the ability to correctly obtain a blood pressure.	D. Equipment for obtaining a B.p. 1. Stethoscope 2. Sphygmomanometer E. Location of brachial artery F. Procedure 1. Wash hands 2. Secure equipment 3. Position resident and explain procedure 4. Wrap cuff securely around upper arm 5. Locate brachial artery 6. Place stethoscope diagram over artery 7. Pump sphygmomanometer up to 200 mm	Skills Checklist #24

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	8. Slowly let pressure out while listening 9. Note first sound (diastolic) 10. Note last sound (systolic) 11. Remove equipment - make resident comfortable 12. Record and report	
5.35 Demonstrate the ability to accurately weigh the resident.	IV. Weighing the resident A. Purpose for weighing 1. Baseline 2. Weight gain/weight loss can indicate problems a. Fluid retention b. Fluid loss c. Nutritional status d. Other diseases 3. Considerations when weighing B. Procedure for weighing 1. Familiar with scale used in facility 2. Using an upright scale a. Position resident correctly b. Two bars c. Move until balanced d. Total numbers at each bar 3. Procedure for upright a. Wash hands b. Take resident to scale c. Place weights to extreme left d. Help resident to remove shoes and step up on scale - position correctly e. Move weights to estimated weight f. Move weights until balanced bar hangs half-way between g. Add two figures and record h. Note height on calibrated bar i. Return resident to room	Text assignment Demonstration Return demonstration Skills Checklist #25

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	j. Report weight variations of 5 pounds or more to immediate supervisor	
5.36 Demonstrate the ability to weigh a nonambulatory resident.	4. Weight and height a. Wash hands - get assistance if needed b. Position resident correctly on scale c. Follow correct procedure for scale used d. Calculate or obtain correct weight reading e. Calculate height by lowering lever f. Reposition resident g. Clean and return any equipment used h. Report/record 5. Weight measurements a. Pounds b. Kilograms	
5.37 Discuss fluid balance (Intake and Output).	V. Measuring intake and output A. Fluid balance 1. Water is essential to life a. The intake of fluid through eating and drinking b. The output of fluid through urination, feces, vomitus or drainage	Text assignment Lecture/discussion Trainex: "Intake and Output"
5.38 Define the term fluid imbalance.	2. Fluid balance - equalized amounts of fluid 3. Fluid imbalance a. An imbalance of fluids occurs when 1) Too much fluid is retained in the body a) In cells it results in swelling (edema) b) When resident can not urinate 2) Too much fluid is lost in the body (dehydration) a) Vomiting b) Diarrhea	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	c) Bleeding d) Excessive perspiration 4. Effects of illness on fluid balance a. Loss of appetite b. Decrease in fluids taken c. Muscle tissue shrinks and becomes dehydrated and more fibrous, causing diminished strength d. Depression, dementia and loneliness can decrease appetite and result in dehydration e. Debilitated and elderly may not recognize thirst	
5.39 Discuss the importance of measuring fluid intake and output.	B. Importance of measuring fluid intake and output 1. When resident loses more fluid than he/she is taking in or retains more than he/she is putting out a. Physicians can treat the causes of imbalances with: 1) Medications 2) Encouraging more fluids 3) Restricting amount of fluid ingested 2. The treatment of the physician depends on an accurate measurement of intake and output for a 24 hour period (daily) 3. Rehabilitative aspects of fluid measurement: a. High blood pressure 1) Diet - low salt 2) Restrict fluids b. Kidney disease 1) Special diet 2) Restricted or encouraged fluids (depending on the type of kidney disease)	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.40 Define abbreviations used for intake and output.	4. Abbreviations used for the terms Intake and Output a. Intake - abbreviated I. b. Output - abbreviated O.	
5.41 Discuss the fluid intake and the role of the certified aide in helping resident maintain fluids.	5. Fluid intake a. The main source of fluids for the body is liquids taken orally (by mouth) 1) Solid foods do contain some water 2) Liquid foods are the major source of water b. Fluid sources of water 1) Oral fluids a) Water b) Milk (milk drinks) c) Fruit juices d) Soups e) Coffee and tea f) Ice cream (malts, etc.) g) Jello h) Anything that is liquid at body temperature	Text assignment
5.42 Recognize and discuss the unit of measurement used in recording fluid intake and output.	C. Cubic Centimeter 1. Unit of measurement used in recording I and O 2. Abbreviated cc 3. Metric system of measurement. 4. Example: 1 ounce = 30 cc 4 ounces = 120 cc 1 cup = 240 cc	Graph of conversion ounces to ccs Example of graduate
5.43 Discuss the procedure to measure fluid intake.	5. Measuring liquids in cubic centimeters (cc) a) Obtain a container that is used to measure liquids (called a graduate) b) Note the calibrations on the container c) Pour some liquid into the container	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	d) Measure the amount of liquid in ccs and ounces e) Record the amount correctly on the I-O sheet	
5.44 Demonstrate the ability to accurately measure resident input.	6. Measuring intake a) Tell the resident that the amount of fluids he/she drinks is being recorded b) Ask the resident to help if he/she is physically able c) Observe all fluids resident drinks with meals and throughout your shift d) Record each measurement immediately on I-O sheet e) Be sure the resident has taken all of the fluid orally before recording the amount 1) If fluid is not totally consumed, record the amount that was taken orally f) Determine a total intake for your shift by adding all amounts - record	Role play Skills Checklist #26
5.45 Describe the aide's role in forcing fluids.	D. Force fluids means to encourage a greater oral intake of liquids 1. Sick and aged need encouragement to drink more 2. Residents may be required to drink more fluids due to disease or medication 3. Ways to encourage more fluids a. By showing interest and being positive b. Provide different kinds of liquids c. Offer liquids frequently d. Know resident's likes and dislikes e. Offer hot and cold liquids f. Often residents prefer frequent small sips, rather than full glasses of fluids	Text assignment Lecture/discussion Role play

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	4. Forcing fluids a. Check assignment sheet and/or resident's Kardex b. Encourage resident to drink the required amount c. Use different kinds of fluids--noting resident's likes and dislikes and what is allowed on special diets, e.g., low sodium, diabetic diets, etc. d. Record the amount taken in orally on I-O sheet (in cc)	
5.46 Discuss fluid restriction and recognize methods for assisting resident who has fluids restricted.	E. Fluid restriction 1. Fluids are limited to certain amounts 2. Residents should have no more than the amount ordered 3. Restriction of fluids is common in: a. Cardiac disorders b. Renal disorders 4. It's important to follow orders exactly and measure accurately 5. More frequent oral hygiene required 6. Explain to resident and family that he/she is to drink only what is given and no more 7. When a resident is on fluid restriction: a. Check assignment sheet and/or resident's Kardex b. Determine with immediate supervisor how many cc's resident can drink c. Measure amounts accurately, including dietary trays d. Encourage resident to drink all of allotted fluids e. Record the amount accurately on I-O sheets	Text assignment Lecture/discussion Role play

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.47 Discuss the term nothing by mouth (NPO) and recognize methods for caring for resident who is NPO.	F. Nothing By Mouth 1. Resident can not <u>eat</u> or <u>drink</u> anything at all 2. Many times oral hygiene is stopped also--Check with immediate supervisor 3. Residents may become irritable when they are not allowed to eat or drink 4. Nothing by mouth is a common order a. When preparing resident for diagnostic tests b. When resident is experiencing nausea and vomiting c. When a resident is unable to swallow foods or fluids safely	Text assignment
	5. When resident is to be NPO a. Check assignment sheet and/or resident kardex b. Explain to resident that he/she will not be allowed to eat or drink c. Remove water pitcher and food from room d. Place a sign stating NPO on bed or door e. Do not give resident any fluids or food f. Make a note on I-O sheet that resident is NPO	Role play
5.48 Discuss the normal anatomy and physiology of the urinary system.	G. Output 1. Urinary system a. The kidneys b. The ureters (tubes leading from kidneys) c. The urinary bladder d. The urethra	Text assignment Lecture/discussion
	2. Purpose of the urinary system a. Rid the body of wastes through the process of urination b. Help maintain the fluid balance in the body	Trainex: "Anatomy and Physiology of the Kidneys, Ureters, and Bladder"

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	3. Chronically ill sometimes lose the ability of muscular contraction a. Resulting in urinary incontinence b. Which can lead to incomplete emptying of the bladder which results in cystitis	
5.49 Discuss fluid output and the importance of measuring fluid output.	4. Fluid output a. Is the sum total of liquids that come out of the body 1) Urine 2) Diarrhea 3) Emesis 4) Perspiration/respiration 5) Drainage b. The most measurable fluid output is urine c. A resident who is on intake and output must have his/her output as well as his/her intake measured when using 1. Urinal 2. Bedpan 3. Emesis basin 4. Other drainage apparatus	Text assignment Lecture/discussion
5.50 List the steps to measure a resident's output. 5.51 Demonstrate the ability to accurately measure output.	5. Measuring fluid output a. Tell the resident that you will be measuring the amount of urine he/she is putting out b. Residents must use urinal and/or bedpan c. No toilet paper should be placed in container d. Female resident should not allow their bowels to move while on bedpan e. Instruct male residents on use of urinals f. If stool or urine appears bloody, use gloves to do output	Return demonstration Skills Checklist #26 continued

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	g. Obtain a graduate (container) for measuring urine h. Pour urine from bedpan and/or urinal into graduate i. Place graduate on flat surface j. Measure the amount of urine and/or other fluids accurately k. Record amount on I-O sheet in ccs l. Rinse and disinfect graduate and urinal and return to resident's room	
5.52 Recognize when your immediate supervisor should be notified concerning resident's output.	6. Notify immediate supervisor if a. Unusual or abnormal output 1) Blood present in urine or feces 2) Diarrhea 3) Extremely hard stools or difficulty in defecation (bowel movement) 4) Pain upon urination or with defecation 5) Scanty, frequent urination 6) Cloudy, abnormal color of urine	Lecture/discussion
5.53 Define and describe common body specimens.	VI. Collecting specimen A. Specimen definition 1. The human body regularly gets rid of various waste materials 2. Most of the body's waste materials are discharged in the form of: a. Urine b. Feces c. Sputum 3. Materials are sometimes tested in laboratory 4. Tests performed aid in diagnosing conditions	Text assignment Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.54 Identify the role of the nurse aide in obtaining specimens.	B. Nurse aide's role in specimen collection 1. Follow procedure for the collection and labeling the specimen 2. If specimen appears bloody or if you have a skin break, wear gloves (CDC guidelines) 3. Collect specimen at the correct time 4. Right person 5. Label the specimen correctly 6. Store specimen correctly a. Refrigerate b. Room temperature c. On ice d. However immediate supervisor instructors you 7. Use aseptic/clean technique in obtaining specimen	Lecture/discussion
5.55 Label a specimen correctly.	C. Labeling a specimen 1. Print label clearly so that it is easily read 2. Information to include on label: a. Resident's name b. Room number c. Time and date specimen was collected d. What specimen is: Example 1) Sputum 2) Drainage from abdominal wound	
5.56 List the "ten (10) rights" of specimen collection.	D. "Ten Rights" of specimen collection 1. The right resident 2. The right specimen 3. The right time 4. The right amount 5. The right container 6. The right label 7. The right requisition or laboratory (lab) slip	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	8. The right method 9. The right asepsis 10. The right attitude	
5.57 Maintain asepsis in specimen collection.	E. Collecting specimens 1. Wash hands carefully to prevent spread of bacteria before and after obtaining specimen 2. Use correct utensils to assist in the aseptic collection of specimens a. Tongue blade for stool specimens b. Syringe for some urine specimens c. Gloves - CDC guidelines d. Immediate supervisor will instruct you on institution's individual policies	Discussion
5.58 List steps in the procedure for obtaining routine urine specimen.	F. Routine urine specimen 1. Single urine sample 2. Is taken routinely upon admission in hospital and in long term care facilities when resident's physician orders one 3. No special technique needs to be done 4. Results may reveal the following abnormalities: a. Blood in urine b. Pus in urine c. Specific gravity d. Cells present e. Amount of minerals present f. Glucose	Text assignment Trainex: "Collecting Urine Specimens"
5.59 Demonstrate the ability to correctly obtain a routine urine specimen.	G. Obtaining routine urine sample 1. Assemble equipment 2. Wash hands 3. Identify resident 4. Insure privacy 5. Explain to resident what you need	Practice Return demonstration Skills Checklist #27

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	6. Tell resident not to put toilet tissue in bedpan 7. Have resident urinate into clean bedpan or urinal 8. Prepare label correctly 9. Pour urine into graduate, measure and record amount on I-O sheet, if ordered 10. Pour urine into specimen container 11. Clean and rinse equipment 12. Store specimen correctly or send to laboratory 13. Report to supervisor that routine urine specimen was obtained 14. Report any unusual observations	
5.60 Discuss the term midstream clean-catch urine specimen.	H. Midstream Clean-Catch Urine Specimen (abbreviated CCUA). 1. Free of contamination 2. Used to determine if bacteria is present in the urine 3. Strict asepsis must be maintained if urine specimen is to be free of contamination 4. The special method of obtaining the urine involves: a. The urinary opening is thoroughly cleansed with a special towelette 1) the urinary opening is called the meatus b. The resident then begins to urinate a small amount. This urine is discarded. c. The midstream is then obtained for the specimen directly in the sterile container d. The resident then finishes urinating in the urinal or bedpan	Text assignment Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	5. Remember you do not want to collect the urine when resident first voids or the last of the voiding. Only the middle (midstream) voiding is collected for the specimen. 6. This can be an embarrassing procedure for the resident. Maintain privacy and explain to resident completely what you are going to do 7. Obtaining a midstream clean-catch urine specimen a. Assemble equipment needed b. Wash your hands c. Insure privacy d. Explain procedure to resident e. Follow the correct procedure for obtaining the urine a. From a female resident b. From a male resident f. Maintain asepsis of urine container g. Label urine specimen correctly h. Send urine immediately to laboratory or store properly i. Wash your hands j. Report to immediate supervisor k. Report any unusual observations 8. Assist resident when obtaining urine as many people can not clean themselves adequately and may find the position uncomfortable 9. Insure the resident's privacy. Many residents are very modest concerning their genitals	Discussion of procedure

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.61 Describe a stool specimen.	I. Stool specimen 1. The solid wastes from the resident's body called: a. Feces b. Stool c. BM (bowel movement) d. Fecal matter 2. Specimen is needed for diagnosis of certain illnesses 3. Sometimes in order for the test to be done correctly, the stool specimen must be warm 4. Your supervisor will inform you if the stool should be warm or cold	Text assignment Lecture/discussion
5.62 List the steps in the procedure for obtaining a stool specimen and demonstrate the ability to accurately obtain a stool specimen	5. Obtaining a stool specimen a. Assemble your equipment b. Wash your hands c. Identify resident d. Insure privacy of resident e. Explain to resident that you will need a sample of the stool f. Position resident on bedpan comfortably g. Resident should not urinate in bedpan h. Prepare label correctly i. After resident has had a bowel movement, remove bedpan. Cover bedpan before taking it to dirty utility room j. Place a sample of stool in specimen container maintaining asepsis k. Wash hands l. Report to immediate supervisor that stool specimen was obtained and any unusual observations m. Record appropriately	Skills Checklist #28

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.63 Discuss the basic urine tests done for sugar and acetone.	VII. Urine testing A. Testing for sugar and acetone 1. There are two basic tests a. The test for sugar is called clinitest b. The test for acetone is called acetest 2. These tests are done per physician's order or facility policy	Lecture/discussion Trainex: "Testing Your Urine for Sugar and Acetone"
5.64 Identify the types of resident that clinitests and acetests will be performed on.	B. Types of conditions which will require testing for sugar and acetone 1. Diabetic residents will need to have urine tests for sugar and acetone done routinely a. In diabetes, the urine will sometimes have sugar and acetone present b. The amount of sugar and/or acetone present in the urine is important for the doctor to know, to regulate the resident's: 1) Diet 2) Medication - Insulin and oral hypoglycemics c. Elderly are more prone to diabetes 1) The type is called adult onset and/or Type II 2) Obesity can be a cause 3) The pancreas secretes less insulin. A general slowing down of all body systems occur in old age 2. Some residents who are not diabetics could have urine checks for sugar and acetone a. Certain medications can cause diabetic-like symptoms. b. Certain diseases can interfere with the sugar metabolism in the body c. But, usually urine tests for sugar and acetone are done routinely on diabetics only	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.65 List the materials you will need to determine the sugar and acetone.	C. To test for sugar (clinitest) 1. You will need a fresh urine specimen 2. A reagent strip or reagent tablet (Reagent means that there is a special reaction that occurs when the chemical is mixed with another substance) 3. Each institution may use different reagent strips and/or reagent tablets a. Clinitest tablets b. Tes-tape c. Clinistix d. Uristix e. All of these are used to check for sugar f. The kind you will be using depends on your institution's policy D. To test for acetone (acetest) 1. You will need a fresh urine specimen (can use some of urine previously collected for clinitest) 2. A reagent strip or reagent tablet 3. Each institution may use different reagent strips and/or reagent tablets a. Ketostix b. Tes-tape c. Acetone tablets d. Uristix e. Lab stix f. All are used to check for acetone g. The kind you will be using depends on your institution's policy	Lecture/discussion Example of reagent strip or reagent tablets used by institutions Handout "Obtaining a Clinitest from a Foley Catheter"
5.66 List the steps in obtaining a fresh urine specimen for a clinitest and acetest.	E. Obtaining a fresh urine specimen (double voided specimen) 1. Fresh urine means, urine that has not been in the bladder for an undetermined amount of time	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	2. To obtain a fresh urine specimen, the resident should urinate 1/2 - 1 hour before you need the specimen. This urine should be discarded. a. This urine has been in the bladder of an unknown length of time and will possibly affect the results of the test 3. Have the resident urinate a small sample of urine for the test at the time specified a. Some people have difficulty voiding in so short of time, so encourage them to drink some fluids during the 1/2 - 1 hour before you need the specimen b. Only a small amount of urine is needed c. This urine will be fresh and give a more accurate measurement of the sugar or acetone present	
5.67 Demonstrate the ability to obtain a double voided urine specimen for sugar and acetone and perform a clinitest and acetest.	F. Obtaining a double voided urine specimen 1. Assemble equipment 2. Wash your hands 3. Identify resident 4. Insure privacy 5. Explain to resident that you will be checking his/her urine for sugar and acetone and that you need a urine specimen 6. Ask resident to empty their bladder, discard this urine 7. Record on I-O sheet, if pertinent 8. Encourage fluids 9. Have resident urinate again at the specified time 10. Save a sample of this urine for the clinitest and acetest 11. Wash your hands	Skills Checklist #29

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.68 Demonstrate the procedure for testing urine for sugar.	G. Testing urine for sugar using clinitest tablet (2 drop and 5 drop method) 1. Assemble equipment 2. Place paper towel on work area 3. Rinse dropper in one of the water containers 4. Place amount of urine in test tube as required by reagent 5. Rinse dropper 6. Place 10 drops of clean water in test tube with the urine 7. Place 1 clinitest tablet in test tube a. Be careful not to touch the bottom of test tube as it becomes very hot and could burn your fingers 8. Wait 15 seconds after the reaction (boiling) has stopped, then gently shake test tube 9. Compare the contents with the color chart. If the color is questionable, consult the nurse. 10. Be sure to use the color chart that is correct for the procedure that you have done a. Different procedures have different color charts 11. Clean test tube and dropper. Clean work area. 12. Wash your hands 13. Record the clinitest results correctly 14. Report to immediate supervisor the results of the test	Return demonstration Skills Checklist #29 continued
5.69 Demonstrate the ability to test urine for acetone.	H. Testing for acetone using acetone tablet 1. Assemble equipment 2. Place 1 acetone tablet on paper towel	Return demonstration Skills Checklist #30

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	3. Drop 1 drop of urine to moisten tablet. Wait 30 seconds. 4. Compare it to color chart 5. Clear work area. Rinse dropper with clean water. 6. Wash your hands 7. Report to immediate supervisor the results of the test 8. Record results correctly	
5.70 Briefly discuss the normal anatomy of the lower gastro-intestinal tract.	VIII. Rectal treatments A. Lower Gastrointestinal Tract 1. The large intestine (colon) a. Ascending colon b. Transverse colon c. Descending colon d. Rectum e. Anus 2. Stool formed in the large intestine and moves down into the rectum, then is excreted through the anus	Text assignment Lecture/discussion
5.71 List two basic types of enemas and describe how they function.	B. Removing fecal matter with enema 1. Clean out a resident's lower bowel 2. Wash out feces (stool) 3. You need a direct order from immediate supervisor to give a cleansing enema 4. Prepare a resident for certain diagnostic tests and surgery	Text assignment Lecture/discussion
	C. Oil retention enemas 1. Insertion of oil into the rectum to soften stool a. Retention means resident keeps the fluid (oil) in his rectum for at least 20 minutes	Text assignment

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	2. Oil retention enemas are given to: a. Help soften feces and gently stimulate evacuation b. Lubricate the inside surface of the lower intestine c. To ease passage of feces without straining d. To provide laxative benefits when oral laxatives are not allowed to be given e. To soften fecal impactions (hard stools caught in lower bowel)	
5.72 Discuss general procedure for administering an enema.		
5.73 Discuss nurse aide's role in administering enema.	D. Nurse aide's role in administering enemas 1. Purpose of enemas 2. Types 3. Precautions a. Check physician's order b. Check temperature c. Position resident d. Height of enema container e. Helping resident retain	Skills Checklist #31
5.74 Discuss fecal impactions and prevention of impactions.	E. Fecal impaction is hard stool caught in the lower bowel 1. Can lead to obstruction of the intestines 2. Fecal impactions prevent the normal passage of stools 3. Symptoms of fecal impaction are: a. Resident has liquid fecal seepage from anus b. Small amounts of fluid present in the colon are able to go around the impacted mass c. No normal stools d. Constant feeling of having a bowel movement e. Complaints of rectal pain	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	f. Report any of these symptoms to your immediate supervisor	
	F. Reasons chronically ill and elderly are prone to more impaction	
	1. Rectal impactions are due to:	
	a. Constipation	
	b. Poor bowel habits	
	c. Bed rest can lead to fecal impactions	
	1) If resident can get up, they should be as active as possible	
	2) A commode is better than a bedpan	
	d. Poor fluid intake	
	G. Role of aide in prevention of fecal impaction	Lecture/discussion
	1. Observe resident's bowel movements	
	a. Note amount	
	b. Consistency (firm, formed, liquid, hard)	
	c. Frequency of bowel movements	
	2. Prevent constipation by:	
	a. Encouraging fluids	
	b. Exercise	
	c Assisting resident to bathroom and/or with bedpan or commode when it is called for	
	d. Encourage the chewing of foods or assist the resident by grinding food or cutting into smaller pieces	
	e. Allow enough time for meals to be eaten	
	f. Encourage the resident to eat fruits and vegetables	
5.75 Define and discuss the term colostomy.	H. Colostomy	Text assignment
	1. Surgery to bring bowel to outside	Lecture/discussion
	a. Cancer of the rectum	Trainex: "Colostomy Care"
	b. Any disease of the intestines that could become cancerous	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	c. Any disease that results in obstruction of the intestines	
5.76 Discuss the altered anatomy that that occurs when a resident has a colostomy.	2. Opening called a stoma 3. Feces comes out through stoma	Review anatomy and physiology of gastrointestinal system
5.77 Discuss briefly the difference between a colostomy and an illeostomy.	I. Difference between a colostomy and an illeostomy 1. Different parts of the bowel are brought to the abdomen at different areas 2. The type of stool is affected a. Illeostomy: 1) The stool is more liquid 2) Control of the stool is never possible 3) Skin surrounding the stoma may become very irritated, even with correct cleaning	Chart of diagram of illeostomy and colostomy.
	b. Colostomy 1) The stool is more formed 2) Control of the stool can sometimes be attained 3) Skin surrounding the stoma can become irritated if improperly cared for	Lecture/discussion
5.78 Recognize and discuss the various ostomy appliances and methods used to apply them.	J. Ostomy appliance collecting device 1. A plastic bag with an opening in the bottom to allow emptying of the stool or disposable bags 2. The top of the plastic bag has an opening the same size as the stoma and adheres to the skin with a substance called an adhesive and secured by a belt that encircles resident's abdomen	Examples of ostomy appliances Demonstration of application of an ostomy appliance

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
5.79 Discuss the major nursing problems that you should be aware of when giving care to a resident with a colostomy.	K. Major nursing problems aide can be aware of: 1. Skin care: a. Skin surrounding the stoma can become very irritated b. Cleaning of the area with soap and water is very important c. Resident's skin is fragile, be sure not to rub too hard d. The skin surrounding the stoma should be examined each time the appliance is removed 1) For redness, broken areas and the resident's complaints of burning 2. Functioning of the colostomy a. There should be stool passed daily from the stoma b. Sometimes a nurse will irrigate the colostomy daily with tap water. (This is similar to an enema given in the rectum.) If irrigation is done daily, some control can be attained over the amount of stool that is excreted throughout the day. c. Residents need to be encouraged to drink fluids to prevent constipation which can lead to an obstruction of the intestine 3. Residents' feelings regarding a colostomy a. Anytime a person's normal body image is altered, the person has feelings concerning the change b. Your role as an aide is to listen to the resident's feelings and not place judgment on their expressed thoughts	Lecture/discussion Examples of Kardex care plan of ostomy resident Pamphlets from American Cancer Society Role play Group discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	c. Your attitude concerning the colostomy is very important. Always appear confident and not distressed by the site of the stoma or by the odor when emptying the appliance. This will help the resident accept his/her stoma and not be embarrassed by it. d. If you hear or observe the resident as being unduly upset by the stoma, then this should be mentioned to your immediate supervisor e. Chronically ill residents do not accept changes in their routines readily 4. Aide's role in caring for resident with a colostomy a. A plan for the resident to care for colostomy and change the appliance will be developed by the registered nurse b. Aides who assist with colostomy care are required to have special training	
5.80 Describe a urinary catheter and explain how it functions.	IX. Urinary drainage A. Urinary catheter 1. Tube inserted through the resident's urethra into the bladder per physician's order 2. Held in place by small balloon 3. Catheter attached loosely to tubing to the inner side of the resident's thigh to prevent pulling 4. The tubing is attached to urine collection device 5. The container is attached to the bed frame when in bed	Text assignment Examples of a catheter, tubing, drainage collecting bag Lecture/discussion Trainex: "Urinary Catheterization"

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	6. Position tubing so there is a constant downward flow of urine. If not, urine will flow back into the bladder which can lead to infection 7. Urinary catheters may be used for urinary incontinence 8. Leg bags are available to permit ambulation 9. Leg bags are attached to thigh	Demonstrate attachment
5.81 Define a closed drainage system.	B. Closed drainage system 1. This means that the catheter, tubing and drainage bag must not be disconnected unless sterile technique is used 2. Any resident with a catheter is prone to develop a urinary tract infection which can be very serious 3. When a resident ambulates or is up in the chair, the tubing and the drainage bag must be carried below the level of the bladder 4. Tubing and bag must be kept off the floor	Lecture/discussion Trainex: "Closed Urinary Drainage System"
5.82 Demonstrate the ability to empty a drainage bag, measure the urine and reclose the system.	C. Emptying a catheter drainage bag 1. Assemble equipment 2. Wash your hands 3. Observe CDC precautions 4. Open the drain and let urine run into a graduate 5. Be sure not to contaminate drain 6. Reclose drain 7. Measure the amount of urine 8. Wash hands 9. Record amount immediately on I-O sheet	Text assignment Skills Checklist #32
5.83 Discuss what the term catheter care means.	D. Catheter care 1. Catheter care is for prevention of infection	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	2. Catheter care must be given daily and whenever perineal care is necessary 3. Catheter care is a cleaning of the insertion site into the meatus opening (where the catheter meets the skin)	
5.84 Demonstrate the ability to give catheter care.	E. Catheter care 1. Assemble equipment 2. Wash your hands 3. Tell resident what you are going to be doing 4. Insure privacy and warmth 5. Put on disposable gloves being careful not to contaminate gloves prior to doing catheter care 6. Cleanse area around meatus with cleansing solution a. Gently separate the labia on female residents - wash front to back b. Gently pull back foreskin on male residents if necessary - replace after cleansing 7. Clean four inches of the catheter closest to the resident with cleansing solution 8. Apply antiseptic ointment following institutional routine 9. Discard equipment 10. Wash your hands 11. Report to supervisor that: a. Catheter care was given b. The time c. Any unusual observations that you made	Skills Checklist #32 continued Return demonstration
	F. Care of leg drainage bag 1. Ordered by physician for resident who is ambulatory	Lecture/discussion Demonstrate application of leg drainage bag

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	2. Check to make sure tubing is open - no kinks 3. Attach firmly to front of leg below level of urinary bladder 4. Drainage clamp should be securely fastened 5. Do routine catheter care as ordered 6. Check bag frequently for emptying	
5.85 Identify the important observations that you will make regarding any resident that has a urinary catheter.	G. Observations of a resident with a urinary catheter 1. Urinary catheters should drain continuously 2. If there is no urine draining: a. Check the tubing for kinks b. Be sure resident is not lying on tubing c. Check the catheter itself for kinks d. Make sure tubing is not looped above the bladder e. Check the clamp on the tubing to be sure it is open f. If all of these points are negative, then notify immediate supervisor that there is no urine from the resident in question 3. While giving catheter care, you will want to observe if: a. There is any crusting at insertion site b. Any pus or unusual drainage c. Any sores or reddened areas present d. Report the above to immediate supervisor 4. Usually all residents with urinary catheters are on Intake and Output 5. Rehabilitation of a resident with a catheter a. Removal of urinary catheter b. Bladder training program	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	c. Assistance in the regaining of muscular control, if possible	
5.86 Identify and discuss the major causes of bowel and bladder problems in residents in long term care facilities.	X. Bowel and bladder training A. Causes of bowel and bladder problems: 1. Incontinence - loss of bowel and bladder control is not unusual in chronic illness 2. Medical problems that lead to incontinence are: a. Persons who have suffered a cerebro-vascular accident (CVA or stroke) b. Brain injuries c. Spinal cord injuries d. Others	Text assignment
5.87 Describe bowel and bladder training.	B. Bowel and bladder training 1. Many residents with the problem of incontinence can be helped to regain bowel and bladder control with a planned program 2. Sometimes the resident suffers only incontinence of the bowels or the bladder. But, more often both are affected at the same time.	Examples of facility's bowel and bladder training program
	3. A routine for elimination is established by the interdisciplinary team and written on the care plan. It is very important that the resident's personal plan of elimination is carried out by the aide	Examples of care plans
	4. Each long term care facility will have a specific program that is followed by the staff. These may be different from facility to facility, but the basic goal is the same	Trainex: "Bowel and Bladder Training"
	C. The basic goal of bowel and bladder training is to: 1. Establish a regular pattern of elimination	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	2. Decrease the amount of times a resident is incontinent 3. Increase a resident's self-esteem by attaining control of their elimination 4. Decrease the chance of other problems; e.g., skin breakdown that can occur from continued incontinence 5. Preserve the integrity and function of the elimination systems	
5.88 Recognize the factors that are associated with incontinence that make management more difficult.	D. Factors that make management of incontinence more difficult 1. Over 65 years of age a. With age the urinary bladder and its opening weaken b. The nerves that carry messages to tell people when they have to urinate also weakens c. They usually have to urinate during the night d. Sometimes they involuntarily dribble urine 2. Emotional stress from: a. Moving to a nursing home b. Losing a loved one c. Being confined to bed d. Chronic illness 3. A concurrent illness 4. Inability to walk 5. Dependent for hygienic needs on others - need to be taken immediately when note urge 6. Speech problems 7. Hearing difficulties 8. Poor vision	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	9. Inability to remember and follow verbal commands 10. Enlarged prostate gland in older males E. Residents who have two or more of these factors have difficulty in developing a successful program	
	F. Depending on the cause of incontinence 1. A resident may be unaware of the need to void or defecate 2. A resident may be aware, but unable to control or hold urination and/or defecation therefore important to respond to request for a B.R. 3. A resident may wish attention or be under emotional stress 4. No matter what the cause of incontinence, it is embarrassing for those who experience it a. Many incontinent people prefer to stay in their rooms b. Gradually they could lose interest in the people around them	Lecture/discussion
5.89 Identify and discuss the observations that you as an aide can make that will assist in the development of a bowel and bladder training program.	G. Observations to make concerning a resident who is incontinent 1. Observe how much contact he/she has with other people during the day 2. Talk with the person frequently 3. Is the resident incontinent when he/she is dressed in their clothes? When he/she is dressed in nightware? 4. Observe how often the person urinates and the amount 5. Observe what times the person usually urinates during the day and night	Role play

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	6. Observe the amount of liquid that is taken orally 7. Observe the position of the person when urinating or having a bowel movement 8. Observe the resident's emotional state when he/she is incontinent	
5.90 Identify and discuss your role as an aide in a bowel and bladder training program.	H. When a resident in placed on a bowel and bladder training program 1. They are usually given a measured amount of fluids regularly throughout the day 2. They are placed on the commode or taken to the bathroom at regular, specific times throughout the day and night 3. They are never scolded like a child or treated negatively for incontinence. Praise is very important in the success of the program	
	I. Your role as an aide 1. Talk with the person. Tell them why they should drink fluids or go to the bathroom 2. Help resident remain clean and dry 3. Provide the specified amount of fluids and be sure they are taken orally 4. Record intakes accurately 5. Be sure resident is placed on a commode or taken to the bathroom at specified times 6. Report to immediate supervisor any observations regarding the resident and the success with the training program	Role play Lecture/discussion
5.91 Discuss what happens in the body when heat is applied to the skin.	XI. Application of heat and cold A. When heat is applied to the skin 1. The heat dilates (expands) the blood vessels in the body area where applied	Text assignment Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	2. The dilation of the blood vessels causes more blood to circulate to tissues nearby a. Increased blood flow results in more nutrients and oxygen to the tissues b. This is needed for the repair (healing) of tissues c. Increased blood flow may also absorb and carry away excess fluids that cause inflammation and pain in some bone and joint diseases d. Geriatric and other debilitated resident's skin is very fragile and will burn easily	
5.92 Identify the major reasons for heat application.	B. Possible reasons for the application of heat treatments 1. Speed up the healing process 2. Decrease pain and inflammation 3. Relax tense or sore muscles 4. Increase the ability to exercise extremities	
5.93 Identify the usual temperatures of heat applications.	C. Temperatures for different kinds of heat applications 1. Warm soaks - 100°F. (37.8°C.) 2. Warm compress - 115°F. (46.1°C.) 3. Warm water bottles - 120°F. (48.9°C.) 4. Tub bath - 105°F. (40.5°C.) 5. Whirlpool - 100° - 105° F.	Text assignment
5.94 Differentiate between localized and generalized applications of heat and cold.	D. Generalized applications 1. Warm or cold is applied to the resident's whole body 2. Examples of: a. Tub baths or whirlpool b. Thermal blankets c. Electric heat cradle d. Alcohol sponge bath	Text assignment

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	E. Localized applications 1. Warm or cold is applied to a specific part of the resident's body 2. Examples of: a. Ice cap or collar b. Warm water bottle c. Heat lamp d. Soak or compress e. Aquamatic-K pad	
5.95 Differentiate between moist and dry applications.	F. Moist applications 1. Are applications where water touches the skin a. Can be heat or cold b. Examples of moist applications: 1) Soaks 2) Compress 3) Tub - whirlpool 4) Alcohol sponge baths 5) Sitz baths 6) Cool wet packs	Examples of moist application equipment
	G. Dry applications 1. Are applications where no water touches the skin a. May be heat or cold b. Examples of dry applications: 1) Ice cap or collar 2) Warm water bottle 3) Aquamatic K pad 4) Heat lamp 5) Thermal blankets 6) Electric heat or cradle 7) Foot whirlpool	Examples of dry application equipment
	2. Water is sometimes used inside the equipment for dry applications; e.g., Aquamatic K pad; but the surface is dry. No water	

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	touches the skin 3. Dry applications are sometimes used to keep moist applications at the correct temperature.	
5.96 Identify and discuss the basic rules for application of all forms of heat.	H. Basic rules for heat application 1. Before beginning treatment, the information you should know: a. The type of application b. Where it is to be applied c. How long it is to stay on d. The correct temperature setting e. Safety precautions concerning the application	
5.97 Identify your role in performing the heat applications. 5.98 Demonstrate the ability to apply heat as a treatment.	I. Aide's role in performance of heat applications 1. Will prepare the treatment equipment 2. Know exactly where on the resident's body the heat is to be applied and for how long 3. The resident must be in a comfortable position so the treatment can be continued for the prescribed time 4. Safety rules must be followed to protect the resident from falls and to avoid spilling the solutions and burning the resident 5. If resident has a dressing in the area where heat is to be applied, follow instructions in removing and disposing of it or ask for assistance 6. Solutions and heating devices must be at prescribed temperatures. Have a thermometer available for testing temperatures, before applying to the resident's skin	Text assignment Skills Checklist #33

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	7. Application must be kept at a constant temperature throughout treatment to be effective 8. Temperatures of applications are checked frequently according to the types of application 9. The resident must be kept comfortable and covered during treatment 10. The resident's skin under the heat application is checked frequently for: a. Too much redness b. Dark discoloration of the skin c. Resident may be burned. If you think resident's skin is becoming burned, stop the treatment and notify your supervisor immediately 11. When the treatment is finished: a. Dry skin - pat dry, do not rub b. Apply lotion, if appropriate c. Make resident comfortable d. Report to supervisor that treatment is completed and your observations e. Clean equipment and put it away 12. Geriatric residents are very sensitive to heat. Temperature of appliance needs to be checked frequently	
5.99 Discuss what happens in the body when cold is applied to the skin.	J. When cold is applied to the skin: 1. Cold constricts (becomes smaller) the blood vessels in the body areas where it is applied 2. The constriction of the blood vessels helps prevent or reduce swelling 3. The blood flow is slowed down to the area a. The amount of body fluids that are usually carried to an injured area are	Note: Previous reading assignment in text Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	reduced b. This reduces or prevents the pain that usually accompanies swelling 4. The total body temperature decreases with generalized application of cold 5. Older and chronically ill are very sensitive to cold. Their circulation is already decreased due to medical condition	
5.100 Identify the major reasons for cold applications.	K. Possible reasons for cold applications: 1. To decrease or terminate bleeding 2. To numb certain body areas and reduce pain 3. To decrease inflammation 4. To decrease the accumulation of fluid and decrease swelling 5. To decrease an elevated temperature	
5.101 Identify the usual temperatures of cold applications.	L. Temperatures for different kinds of cold applications 1. The temperatures vary depending on the type of equipment or materials used 2. The size of the body area - the greater the area of the body, the higher the temperature of the cold application 3. The use of moist or dry cold. Moist cold penetrates better than dry cold. Therefore, moist applications do not require as low a temperature as dry applications 4. The age and condition of the resident. Chronically ill people with impaired circulation tolerate cold less well than persons with good circulation	
5.102 Identify and discuss the basic rules for application of all forms of cold.	M. Basic rules for cold applications 1. Before beginning treatment, the information you should know is: a. The type of application b. Where it is to be applied	Lecture/discussion

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	c. How long it is to stay on d. The correct temperature and materials needed e. Safety precautions concerning the application	
5.103 Identify your role in administration of cold applications.	N. Aide's role in performance of cold administration	
5.104 Demonstrate the ability to apply cold treatments.	1. Prepare the treatment equipment 2. Know exactly where on the resident's body the cold is to be applied and for how long 3. The resident must be in a comfortable position so the treatment can be continued for the prescribed time 4. Safety rules must be followed to protect the resident from falls and tissue damage from the cold application 5. Application must be kept cold throughout treatment to be effective. Ice does melt when exposed to warmth. 6. Check the cold application frequently (times according to the type of cold application being used) 7. The resident must be kept comfortable and the body covered during treatments to prevent a generalized chilling. If resident begins to shiver during treatment, <u>stop</u> treatment, cover resident with a blanket and notify your immediate supervisor 8. The resident's skin under the cold application is checked frequently for: a. Discoloration of the skin where cold is applied. 1) Blanched 2) Very pale 3) White or bluish	Skills Checklist #33

Overview: This unit explores routine care procedures the nurse aide will be expected to perform. Included are vitals, intake and output, obtaining a specimen, administering rectal treatments, urinary care and application of heat and cold.

OBJECTIVE	CONTENT	METHOD
	b. Watch for changes in other parts of the body also. If they turn bluish, stop the treatment and notify your supervisor 1) Lips 2) Fingernails 3) Eyelids 4) Earlobes 9. When using an ice bag, keep the stopper or plastic cap away from the resident's body 10. When the treatment is finished: a. Dry skin - pat dry, do not rub b. Apply lotion, if appropriate c. Make resident comfortable d. Report to supervisor that treatment is completed and your observations e. Clean equipment and put it away	

Unit VI

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

Teaching Time: 6-8 hours

OBJECTIVE	CONTENT	METHOD
6.0 Examine care needs of residents with specialized problems. 6.1 Describe how the aide can use the multidisciplinary care plan in providing resident care.	I. Specialized resident needs A. Multidisciplinary care plan 1. Persons involved in developing plan 2. Purpose of plan 3. Content of plan a. Problem identification b. Goals - short and long term c. Approaches for meeting goals 4. Revision - updating of plan 5. Certified aide's role	Text assignment Lecture/discussion Examples of multidisciplinary care plans
6.2 Discuss the care needs of the resident who has a cardiovascular condition.	B. Residents with conditions affecting cardiovascular system 1. Causes - inadequate functioning of heart, blood vessels a. Heart attacks b. High blood pressure c. Blood clots 2. Nursing care problems a. Shortness of breath b. Chest pain c. Edema (swelling) of extremities d. Poor circulation i.e. arteriosclerosis	
	C. Care needs 1. Medications for symptoms 2. Special diets a. Low fat b. Low salt c. Low cholesterol 3. Intake and output 4. Daily weights 5. Slower to heal when injured - especially feet a. Protect from injury b. Care must be taken in trimming nails - aides do not do	Lecture/discussion

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	6. Careful observation and reporting of symptoms	
6.3 Describe the care needs of resident with respiratory problems.	D. Residents with conditions affecting the respiratory system	Lecture/discussion
	1. Common causes - interference with breathing, exchange of air in lungs	
	a. Allergies	
	b. Smoking	
	c. Infections	
	2. Diseases	
	a. Asthma	
	b. Emphysema	
	c. Bronchitis	
	3. Problems/symptoms	
	a. Labored breathing	
	b. Coughing	
	c. Blueness of skin (cyanosis)	
	4. Care needs	
	a. Medications	
	b. Positioning - breathe better sitting	
	c. Oxygen	
	d. Observing - reporting	
6.4 Discuss nursing care needs of residents with nutritional problems.	E. Residents with nutritional problems	
	1. Causes	
	a. Congenital	
	b. Deficiencies	
	c. Overeating	
	d. Loss of appetite	
	2. Problems	
	a. Overweight	
	b. Underweight	
	c. Inability to digest/utilize food (diabetes)	

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
6.4.1 Identify the special needs of resident who is a diabetic.	3. Diabetics a. Causes 1. Insulin shortage - congenital or decrease in function of pancreas 2. Symptoms a. Too much sugar in blood stream/ urine b. A flushed warm skin c. Deep labored breathing d. Nausea e. Drowsiness - lethargy f. Fruity breath g. Frequent urination h. Increased thirst 3. Treatment a. Replace insulin or stimulate pancreas to produce more insulin b. Insulin reaction - too much insulin - low blood sugar 1) Sweaty, cold pale skin 2) Hunger 3) Shallow breathing 4) Confused 5) Jittery 6) Double vision c. Aide's responsibility 1) Report symptoms of either immediately to nursing supervisor 2) Insulin reaction must be treated immediately with juice or food with sugar d. Other complications of diabetes 1) Slow healing - prevent injury. Aide's do not cut nails	Handout: Diabetic coma vs. Insulin reaction

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	2) Blindness 4. Other G.I. problems - Cancer a. Interruption of alimentary canal b. Tubes for feeding - gastrostomy, etc c. Aides do not feed through tubes	
6.5 Identify the special needs of residents with muscular-skeletal conditions.	F. Residents with neuro-muscular conditions 1. Causes a. Congenital b. Aging c. Accidents d. Diseases 1) Parkinson 2) C.V.A. 3) Chronic Brain Syndrome 4) Others 2. Problems a. Paralysis b. Ambulation c. Communication d. Artificial limbs 1) Types/uses 2) Adaptation 3) Assisting resident 3. Care needs a. Medication b. Assist with daily care c. Prevention of complications	Lecture/discussion Handout
6.6 Describe the care needs of residents who are confused.	G. Residents who are confused 1. Description/type/levels of confusion 2. Causes of confusion a. Physical - disease b. Emotional c. Drugs d. Social	Lecture/discussion Handout on working with confused

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	e. Environmental f. Other 3. Possible behavior of confused persons a. Denial b. Covering up c. Anxiety d. Anger - hostility e. Other 4. Aide's role in assisting the confused resident a. Check and follow interdisciplinary care plan b. Careful observations of types - period - causes of periods of confusion c. Supportive - reassurance d. Avoid change - large groups e. Reorient as appropriate, e.g. call by name, posting dates, locate rooms, etc. f. Task simplification	Reorientation handout
6.7 Discuss the care needs of the resident with a mental retardation.	H. Residents with mental retardation 1. Classifications (AMD) - behaviors a. Low normal b. Mild c. Moderate d. Severe e. Profound 2. Care needs a. Normal as possible b. Teaching skills - daily living	Handout on mental retardation
6.8 Discuss the care needs of the resident who is mentally ill.	I. Residents with mental illness 1. Behavior of residents with mental illness a. Suspicious b. Anxious c. Fearful d. Withdrawn	Handout on mental illness

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	e. Depressed f. Other	
	2. Responses to behaviors a. Use multidisciplinary care plan b. Behavior approach c. Reality orientation	Handout on responses to behavior
6.8.1 Describe the needs of residents with dementias.	3. Dementias a. Classification 1) Cortical (Alzheimers) 2) Subcortical 3) Depressive 4) Mixed 5) Miscellaneous	Handout on "Alzheimers" Handout on rules/regulations
6.8.2 Discuss the symptoms of Alzheimer's Disease.	b. Progressive Dementias (Alzheimers) 1) Stages of disease 2) Overlapping symptoms (behaviors) a) Memory loss b) Loss of social skills - loss of inhibitions c) Time disorientation - restlessness d) Problems with conversation e) Loss of math skills f) Loss of judgment g) Suspiciousness - easily frustrated h) Personality changes i) Shadowing j) Wandering - losing or hiding things k) Sleep disturbances 3) Communications with residents a) Problems with communications b) Non-verbal communication major role over verbal c) Listen and observe self 4) Helping residents and families adjust to L.T.C.	

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	5) Helping residents with daily living activities a) Adapt to resident b) Reassurance c) Simplify task d) Be realistic about resident's abilities e) Be sure resident eats properly f) Assist with life enhancing activities g) Follow interdisciplinary care plan 6) Handling combative behavior a) Causes b) Prevention of catastrophic behavior c) When one occurs	
6.8.3 Describe the care of a resident with Alzheimer's.	c. Treatment of Alzheimer's 1) Requirement for units a) Basic knowledge about disease 2) Interdisciplinary plans a) Methods to assist resident with behaviors common to disease b) Support of family 3) Communication with problem solving	Handouts rules from Dept. of Inspections and Appeals
6.9 Discuss your feelings and society's feelings concerning the concept of dying.	II. The dying resident's needs A. Feelings and attitudes concerning dying 1. Residents in long term care facilities may have chronic diseases 2. Certified aide can contribute by providing support 3. People differ widely in their ability and willingness to verbalize their feelings about death 4. Society as a whole tends to avoid meaningful discussions of death	Text assignment Lecture/discussion Small group discussion Trainex: "Death and Dying",

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	5. Spiritual and religious concepts are important B. Aide's feelings about dying 1. Types of reactions aides may have 2. Recognize your own feelings 3. Methods of handling feelings 4. Appropriateness of feelings	
6.10 Discuss the various reactions/ behaviors persons may have when facing death.	C. Behaviors the resident may exhibit when he/she suspects that death is a reality 1. May question everyone about his/her chances of recovery 2. May be afraid to be alone 3. May ask a lot of questions 4. May complain frequently 5. May make unreasonable requests 6. May withdraw from other people 7. May cry and be sad 8. May be very cheerful and not believe that he/she is dying 9. Your role as an aide is to: a. Listen b. Understand c. Set limits d. Be honest e. Encourage the resident to talk about feelings f. Sit with resident frequently throughout day if resident is confined to bed	
6.11 Identify and discuss the special needs of a dying resident and discuss your role in relation to these needs.	D. Special needs of a dying person 1. Follow interdisciplinary care plan 2. Keep room well ventilated and lighted as usual	Lecture/discussion

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	3. Change resident's position often, to a position of comfort 4. Prevent decubitus by positioning and cleanliness 5. Use normal voice in the room 6. Hearing is the last of the senses to leave, so don't say things you wouldn't say to others 7. Respect resident's need for spiritual support. Find out if there are any special rules concerning religion or culture. 8. Keep bed linens clean 9. Encourage fluids and foods that the resident likes. Don't force solids. 10. Report any changes in the resident to immediate supervisor 11. Give mouth care frequently 12. Give good nasal care, if indicated by visual examination of nares	
6.12 Define and discuss the hospice concept and its basic purposes.	E. Hospice Care 1. Is a health care service offered by some hospitals and extended care facilities 2. Is designed for the care of persons having terminal illnesses and family members helping them 3. Focuses attention only on the needs and care of the terminally ill 4. Offers day and/or night care, home care and bereavement care, in addition to 24 hour inservice care 5. Respite care and/or pallatative care 6. Provides emotional support and physical care and comfort for people for whom therapy is no longer being actively pursued	Lecture/discussion

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	7. The goal of a hospice unit is to allow the person a natural death that is as comfortable and dignified as possible 8. Hospice groups plan interdisciplinary care of resident 9. The person's family is also included in the goal of assisting them through the death of a loved one	
6.13 Identify and discuss the signs of approaching death.	F. Signs of approaching death 1. Blood circulation slows down. Resident's hands and feet are cold to the touch. If resident is conscious, may complain of being cold. 2. Mottling of skin 3. Eye reactions may decrease or disappear completely 4. Cold perspiration is common 5. Muscle control decreases resulting in sagging jaw or lips, limp extremities 6. Respirations slow and become labored 7. "Death rattle" may be audible 8. Pulse is rapid and weak 9. Pain is not usually severe 10. If you notice these signs, notify immediate supervisor	Lecture/discussion
6.14 Recognize feelings of immediate family.	G. Immediate family's needs 1. Resident's family may wish to spend a lot of time with person 2. Remember to insure a family's need for privacy and spiritual support 3. Take care of the resident just as you usually would if he/she was not dying. Don't wait for family to leave before doing his/her routine cares.	Role play Small group discussion

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	4. Answer family's questions to your ability. If you can't answer the questions, refer them to your immediate supervisor. 5. Make sure family is comfortable while they are with the resident. 6. Be courteous, understanding and thoughtful of the family's feelings	
6.15 Identify and discuss the term postmortem care.	H. Postmortem care 1. Means: after death 2. No care should be started until immediate supervisor tells you to begin 3. After death, the body must be treated with respect and must be given care gently 4. If family members are present, they should wait outside until the doctor has examined the body and pronounced the resident dead 5. Postmortem care should be done before rigor mortis sets in. Rigor mortis means the body and limbs become stiff 6. Postmortem care is done to help the mortician prepare the body so that the body appears as normal as possible	Text assignment Lecture/discussion
6.16 Discuss the procedure for giving postmortem care.	I. Procedure for giving postmortem care 1. Assemble equipment 2. Three identification tags filled out by immediate supervisor 3. Insure privacy. Ask family members to step out of the room. Explain that you will be preparing the body 4. Position body in supine position as institution's policy states 5. Close the person's eyes if they are open 6. Replace dentures 7. Close the mouth 8. Bathe the body	Text assignment Handout rules on tagging Skills checklist #34 Role play

Overview: This unit helps student explore the care needs of residents with specialized problems. Included are mental illness, the dementias, physical and mental disabled, and death.

OBJECTIVE	CONTENT	METHOD
	9. Comb the hair, if needed 10. Apply fresh dressings to wounds, etc. 11. Remove all personal belongings and place in bag to be given to family 12. Fold arms over abdomen and tie loosely. Tie wrists and ankles. 13. Attach identification tags to: a. Resident's wrist b. Right big toe 14. Place resident's body on the shroud or sheet 15. Place body on stretcher 16. Cover the body with the shroud and tie it at the waist, above the elbows and below the knees 17. Take third identification tag and attach it to the shroud at the waist 18. Report to immediate supervisor that postmortem care is completed 19. Body is then taken to the morgue 20. Resident's unit is cleaned I. Procedures differ from facility to facility. Check your institution's policy regarding postmortem care.	

NURSE AIDE COURSE
CLINICAL EVALUATION

Purpose: This clinical evaluation is to be used when working with residents in long term care to assist the learner to recognize those things they do well and to identify those areas where they need to improve. Students are marked relative to how well they perform in each area. The possible score includes above average, average and needs improvement. The comment area is to allow students (on self evaluation) and instructors on their evaluations to describe what performances can be improved and how they can be improved.

Name_____ Date_____

Clinical Site_____ Hours Attended_____

PERSONAL CHARACTERISTICS

	Above Average	Average	Needs Improvement	Comments
PERSONAL APPEARANCE: Well groomed-neat in dress and appearance.				
DEPENDABILITY: Reports to work on time. Does not miss work. Completes work on time.				
COOPERATIVENESS: Assists others when needed. When asked does tasks promptly.				
ACCEPTANCE OF CRITICISM, SUGGESTIONS: Uses criticism and suggestions to improve.				
ABILITY TO LEARN: Follows directions, learns new skills and procedures within acceptable time.				
INITIATIVE: Sees what needs to be done does is without having to be told. Solves some problems on own.				
JUDGMENT: Makes good decisions, uses fairness and common sense. Seeks help when needed.				

Over

Clinical Evaluation Continued

	Above Average	Average	Needs Improve-ment	Comments
WORKS INDEPENDENTLY: Can work alone without supervision.				
QUALITY-QUANTITY OF WORK: Accurate, thorough, accomplishes what should be done.				

INTERPERSONAL RELATIONSHIPS WITH RESIDENT/PATIENTS

	Above Average	Average	Needs Improve-ment	Comments
RELATIONSHIP WITH RESIDENT: Is friendly, kind and under-standing.				
RESIDENT SAFETY: Uses medical asepsis, wipes spills up immediately concerned about resident safety.				
OBSERVATIONS/REPORTING: Makes appropriate observa-tions and reports them on timely basis.				

GENERAL SUMMARY OF CLINICAL EXPERIENCE

Instructor's Signature_____

Grade_____ Date_____

NURSE AIDE COURSE
BIBLIOGRAPHY

Caldwell, E. & Hegner B. (1988). Nursing assistant: A nursing process approach. (5th. ed.). Albany. Delmar.

Fasano. M. ((1989). Basic skills for the long-term care nurse assistant. New Jersey. Brady.

Hegner, B. & Caldwell, E. (1988). Assisting in long term care. Albany. Delmar.

Hill, B & Hill R. (1989). The nurse assistant with limited English skills. New Jersey. Brady.

Hill, B. & Hill R. (1989). The nurse assistant with limited English skills. (Teachers Edition). New Jersey. Brady.

Hogan J. & Sorrentino S. (1988). Long term care assistants. St. Louis. Mosby. Instructor manual and workbook also available.

Kelly R. (1988). Workbook for long-term care assistants. St. Louis. Mosby.

Schniedman, R., Lambert S., & Wander, B. Being a nursing assistant. (5th. Ed.) New Jersey. Brady. Workbook also available.

Schniedman, R., Lambert, S., & Wander, B. (1989). The nursing assistant's

NURSE AIDE COURSE

Summary Sheet of Skills Checklists

Student's Name _____

Skills*	Return Demonstration			
	Date Satisfactory	Needs More Practice	No Opportunity	Instructor's Initials
1. Handwashing Technique				
2. Making Closed and Open Bed				
3. Making Occupied Bed				
4. Safety Applying Restraints				
5. Safely Using Mechanical Lifts				
6. Lifing/Moving a Resident in Bed				
7. Moving Resident from Bed to Chair				
8. Positioning Resident in Bed				
9. Ambulation				
10. Range of Motion				
11. Assisting with Oral Hygiene Needs				
A. Conscious Resident				
B. Denture Care				
C. Unconscious Resident				
12. Complete Bed Bath				
13. Providing Perineal Care				
14. Whirlpool Bath				
15. Tub Bath				
16. Nail Care				
17. Shampooing Hair				

*If Satisfactory or unsatisfactory, use date.

Skills*	Return Demonstration			
	Date Satis-factory	Needs More Practice	No Opportunity	Instruc-tor's Initials
18. Shaving a Resident With an Electric Razor				
19. Giving Male Resident Urinal				
20. Assisting Resident with Bedpan/ Commode				
21. Feeding a Resident				
22. Conscious/Unconscious Choking Victim				
23. Vital - TPR				
A. Mercury Thermometer--oral				
B. Mercury Thermometer--rectal				
C. Electronic Thermometer--oral				
D. Electronic Thermometer--rectal				
E. Pulse and Respiration				
24. Blood Pressure				
25. Obtain Height and Weight				
26. Intake/Output				
27. Routine Urine Sample				
28. Routine Stool Specimen				
29. Testing Urine for Sugar				
30. Testing Urine for Acetone				
31. Enemas				
32. Catheter Care/Emptying Drainage Bag				
33. Hot/Cold Application				
34. Postmortem Care				

Signatures at end of Summary:

Instructor _____ Student _____

NURSE AIDE COURSE

Skills Checklists

Introduction

Attached are 34 skills checklisst for the nurse aide course and a summary sheet. The course consists of class, laboratory and clinical experiences to assist the student to master these skills. First, the students are introduced to the skills, given information on why certain skills need to be done, shown how to do them, given opportunities to practice the skills, and are required to return an observed demonstration of the skill(s). The return demonstration and the student's proficiency are recorded on the skills checklist and summary sheet.

Directions

In the method section of the curriculum you will note where class information is given regarding the individual skills. The skills checklists that accompany these skills are numbered sequentially with the organization of the curriculum. It is appropriate that students have a copy of the checklist and have ample opportunity to practice these skills after they have watched a demonstration of the skills. When students are ready or have an opportunity in the clinical area, the course instructor should observe the student demonstrate a return of the skill. The instructor should use the skill checklist to validate the student's performance. The instructor should also make a determination if the student has successfully demonstrated the skill; the instructor's determination should be recorded, dated with comments on the individual checklist. Successful completion should also be noted (date in Column under Satisfactory) on the summary sheet. Instructors should also initial completion. All students should have an opportunity to return the demonstrations on all skills that can be completed in the laboratory situation, and every effort should be made to have those skills that can only be demonstrated successfully in clinical area returned.

Skill Evaluations

Five skills will be selected randomly from these skills for the post course evaluation required by the Department of Inspections and Appeals for nurse aide certification. The same criteria as listed on the skills checklist will be used in determining if candidates pass the skill evaluation portion of the examination.

Using the Skills Checklist to Communicate Experiences to Future Employers

Since it will be impossible to arrange for all students to have laboratory/clinical opportunities to demonstrate all of the 31 skills in the checklists there needs to be a method of sharing this information with the current/future nurse aide employer. It is suggested the original summary sheet of the skills checklist should be kept in the student's permanent file. A copy of the summary sheet and all checklists (completed or not completed) should be given to the student/completer to share with current or future employer. The employer will have the responsibility of identifying a supervisor to observe skills not demonstrated during the class.

NURSE AIDE
Unit II

Skills Checklist #1
Hand Washing Technique

Equipment needed: Soap, sink, running water, paper towels, wastebasket.

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment.

____ 2. Turn faucet on with paper towel.

____ 3. Discard paper towel in waste basket.

____ 4. Wet hands completely.

____ 5. Apply soap.

____ 6. Hold hands lower than elbows.

____ 7. Work up a good lather.

____ 8. Clean your nails.

____ 9. Wash hands by using a rotating, rubbing motion for one full minute.

____ 10. Wash at least two inches above wrist.

____ 11. Rinse well.

____ 12. Dry thoroughly with paper towels.

____ 13. Turn faucet off with paper towel.

____ 14. Discard paper towel in wastebasket.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit II

Skills Checklist #2
Making a Closed and Open Bed

Equipment: Sheets, pillowcases, blankets, bedspread, drawsheet if needed.

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble all linen.

____ 2. Wash hands.

____ 3. Adjust bed to high position.

____ 4. Remove dirty linen and put in appropriate place.

____ 5. Be sure mattress is correctly positioned on bed. If not pull mattress to top.

____ 6. Apply mattress pad.

____ 7. Apply bottom sheet correctly.

____ 8. Miter all corners or be sure they are firmly adjusted.

____ 9. Apply plastic draw sheet, if necessary.

____ 10. Cover plastic draw sheet with appropriate linen.

____ 11. Apply top sheet correctly.

____ 12. Apply blanket and/or spread.

____ 13. Miter all corners.

____ 14. For open bed, fan-fold top sheet and spread toward the foot of the bed.

____ 15. Put pillowcase on pillow, using correct technique-do not hold under chin.

____ 16. Remove dirty linen from room and place in laundry.

____ 17. Straighten and clean resident's unit.

____ 18. Wash hands.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit II

Skills Checklist #3
Making an Occupied Bed After the Resident's Bath

Equipment: Sheets, drawsheet if required, pillowcases, blankets, bedspread.

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble necessary linen.

____ 2. Wash your hands.

____ 3. Insure the resident's privacy.

____ 4. Tell the resident you will be making his/her bed.

____ 5. Lower back rest or knee rest until bed is flat. (Check first with your supervisor. Some residents cannot tolerate a flat position.)

____ 6. Be sure side rail is elevated on the opposite side of the bed from where you are working.

____ 7. Position pillow according to resident's tolerance level.

____ 8. Loosen all linen.

____ 9. Remove the top linen after covering resident with bath blanket.

____ 10. Maintain resident's privacy.

____ 11. Check the position of the mattress. Pull it up if necessary.

____ 12. Ask the resident to turn on his/her side toward the raised side rail.

____ 13. Fold the dirty bottom sheets toward the resident and tuck them against his/her back.

____ 14. Apply clean bottom sheet on the exposed half of the bed using the correct technique.

____ 15. Apply draw sheet if necessary.

____ 16. Raise the side rail on your side of the bed.

____ 17. Ask the resident or assist the resident to roll toward you, over the "hump", onto clean sheets. Go to the other side of the bed.

____ 18. Remove dirty bottom sheets. Pull clean linen from under resident.

____ 19. Tighten all linen before tucking it under mattress.

(Turn Page)

Skills Checklist #3 continued

____ 20. Change pillowcase and position pillow under resident's head.

____ 21. Apply top sheet and remove the bath blanket, keeping resident from being exposed.

____ 22. Apply blankets and/or spread. Miter corners.

____ 23. Position resident comfortably. Elevate bed as requested.

____ 24. Reposition resident's call button.

____ 25. Remove dirty linen and place in appropriate place.

____ 26. Straighten and clean resident's unit.

____ 27. Wash hands.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit II

Skills Checklist #4
Safely Applying Restraints

Equipment: Restraints that have been approved by nurse, pads as required.

Name _____
Passed _____ Needs More Practice _____

____ 1. Check with nurse regarding order and type of restraint to be applied.

____ 2. Assemble equipment.

____ 3. Wash hands.

____ 4. Determine if help is needed in applying restraints; if it is, get help.

____ 5. If appropriate take the resident to the bathroom before applying.

____ 6. Calmly explain to the resident what you are going to do.

____ 7. Properly and comfortably position resident.

____ 8. Pad any bony prominences.

____ 9. Follow the correct procedure for the type of restraint being applied.

____ 10. Be sure restraints are secured in proper places; not to side rails but to the frame of the bed.

____ 11. Check to make sure restraints but to the frame of the bed.

____ 12. Check to make sure restraints are not too tight-check circulation.

____ 13. Leave resident as comfortable as possible.

____ 14. Wash hands.

____ 15. Record, if required by your facility.

____ 16. Check restraints as often as required and remove as required.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit II

Skills Checklist #5
Safely Using Mechanical Lifts

Equipment: Mechanical Resident Lift and Sling

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment.

____ 2. Secure the assistance needed.

____ 3. Wash hands.

____ 4. Explain to the resident what you are going to do and how he/she can assist. Provide privacy.

____ 5. Position chair next to bed with back of chair in line with headboard; if using a wheel chair, lock the brakes.

____ 6. Slide the sling under the resident, by turning the resident from side to side.

____ 7. Be sure all locks and straps are fastened securely and correctly.

____ 8. Explain to the resident what you will be doing, have the resident fold arms across chest; then by using crank, slowly raise the resident.

____ 9. Have assistant guide resident's legs and lower resident carefully into position into the chair.

____ 10. Remove equipment and properly position and secure resident in chair.

____ 11. Wash hands.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit II

Skill Checklist #6
Lifting and Moving a Resident in Bed

Name _____
Passed _____ Needs More Practice _____

____ 1. Ask for help if necessary.

____ 2. Wash your hands.

____ 3. Insure resident's privacy.

____ 4. Tell the resident what you will be doing.

____ 5. Position pillows as taught.

____ 6. Lock wheels on bed.

____ 7. If using two aides, position each person on opposite sides of bed.

____ 8. Stand with back straight, knees bent, turned slightly toward the head of the bed. Feet 12 inches apart.

____ 9. Put arm under the resident's nearest shoulder.

____ 10. Put other arm under resident's buttock.

____ 11. Other assistant is doing the same. The leader will then say when to move. e.g. 1-2-3 pull.

____ 12. Slide resident up by straightening your knees.

____ 13. Move resident gently to prevent pain.

____ 14. Reposition comfortably.

____ 15. Wash hands.

____ 16. Report any unusual observations to supervisor.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit II

Skills Checklist #7
Moving a Resident from Bed to Chair

Equipment: Resident's robe and slippers, chair or wheel chair.

Name _____
Passed _____ Needs More Practice _____

____ 1. Tell resident what you will be doing: get help if necessary.

____ 2. Wash hands. Insure resident's privacy.

____ 3. Lock wheels on bed.

____ 4. Position chair at bedside with the back of chair near the head of the bed,

____ 5. Place chair against wall to prevent sliding.

____ 6. Place bed in low position or use footstool.

____ 7. Slide resident to edge of the bed nearest chair.

____ 8. Raise the side rail.

____ 9. Raise the back rest so resident is in sitting position.

____ 10. Lower the side rails.

____ 11. Turn the resident so he/she is sitting on the side of the bed. Feet should be dangling over side of bed.

____ 12. Put on resident's robe and slippers.

____ 13. Stand at the resident's side. Put your arms around the resident's waist and assist him/her to stand at bedside.

____ 14. Pivot turn or assist the resident in turning.

____ 15. Slowly help the resident lower into the chair.

____ 16. Fasten safety straps if needed.

____ 17. Position resident comfortably.

(Turn page)

Skills Checklist # 7 continued

____ 18. Wash your hands.

____ 19. Check resident frequently while he/she is up in chair.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit II

Skills Checklist #8
Positioning Resident in Bed

Name _____
Passed _____ Needs More Practice _____

Supine Position

____ 1. Wash hands.

____ 2. Explain to the resident what you are doing.

____ 3. Gently move resident to center of bed.

____ 4. Turn resident onto his/her back.

____ 5. Position head in straight line with the rest of the body.

____ 6. Elbows are slightly bent, hands resting at resident's side, toes pointing upward, legs are straight (do not allow legs to rotate outward).

____ 7. Position pillow under resident's head.

____ 8. Wash hands.

Side Lying Position

____ 9. Wash hands.

____ 10. Tell resident what you are going to do.

____ 11. Move resident to the side of the bed where his/her back will be positioned.

____ 12. Position hands on shoulder and buttock and gently turn resident toward you.

____ 13. Head should be positioned in line with spine, body in straight alignment, one knee may be flexed.

____ 14. Position pillow under head and if available under arms, at back and between legs.

____ 15. Wash hands.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit II

Skills Checklist # 9
Safely Ambulating the Resident

Equipment: Depends on resident. May need cane, walker, or gait belt.

Name_____
Passed_____ Needs More Practice_____

____ 1. Check nursing plan or with supervisor to make sure resident has the strength and balance to ambulate.

____ 2. Explain to resident what you are going to do as well as how they can assist.

____ 3. Get help if needed.

____ 4. Assist resident to sitting position if in bed, allow resident to gain balance when in this position.

____ 5. Assist in dressing and putting on appropriate shoes...need firm support with rubber heels.

____ 6. If using a gait belt, place belt around resident's waist.

____ 7. Assist resident to stand, allow resident to gain balance before walking.

____ 8. If the resident has a side that is affected by weakness, injury, or paralysis the aide should stand on unaffected side.

____ 9. If using a gait belt, stand behind the resident with one hand holding the belt...helps resident control center of gravity.

____ 10. As walking with resident observe for tiredness, weakness, etc. Let resident rest if necessary.

____ 11. Return resident to bed or sit in chair. Report/Record.

If a resident becomes weak, falls, or losses balance; the aide should gently ease the resident to the floor. Stay with the resident and call for help. Before the resident is moved THEY MUST BE EXAMINED BY THE NURSE FOR INJURY.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit II

Skills Checklist #10
Passive or Active Range of Motion

Name _____
Passed _____ Needs More Practice _____

____ 1. Check with nurse regarding ROM required for the resident.

____ 2. Wash hands.

____ 3. Explain to the resident what you are going to do.

____ 4. Position resident in good body alignment.

____ 5. Expose extremity that is do be moved, while continuing to assure privacy.

____ 6. Have resident move part or you assist by correctly grasping the extremity and providing adequate joint support.

____ 7. Perform required extremity motions within the resident's range without discomfort. (appropriate number of times)

____ 8. Repeat or have the resident repeat Steps 3-7 until all ROM activities to all required body parts has been completed.

____ 9. Reposition resident correctly.

____ 10. Wash hands.

____ 11. Report anything unusual to supervisor and record as required in your facility.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit III

Skills Checklist #11
Assisting With Oral Hygiene

Equipment: Toothbrush, toothpaste, emesis basin, fresh water in a cup, face towel (optional), mouthwash, and straw. Swabs for care for unconscious resident.

Name _____
Passed _____ Needs More Practice _____

The Conscious Resident With Their Own Teeth

____ 1. Assemble the equipment - check label for correct name.

____ 2. Wash your hands.

____ 3. Provide privacy for the resident.

____ 4. Inform resident what you will be doing.

____ 5. Position towel to protect resident's gown, sheets, etc.; or if resident is able, assist him/her to the bathroom.

____ 6. If facility policy requires, mix a half cup of water with half cup of mouthwash.

____ 7. Have the resident rinse his/her mouth with the mouthwash.

____ 8. Instruct the resident to expectorate the mouthwash into the sink or emesis basin you have positioned under the resident's chin.

____ 9. Dampen the toothbrush and assist resident to put toothpaste on the dampened toothbrush.

____ 10. If a resident is able, have him/her brush own teeth, if he/she can't, brush teeth for him/her.

____ 11. Have the resident rinse the toothpaste out of his/her mouth using the mouthwash or fresh water.

____ 12. Make the resident comfortable.

____ 13. Clean equipment and put it away. Wash your hands.

Denture Care

____ 14. Assemble equipment.

____ 15. Wash hands.

____ 16. Provide the resident with privacy and explain what you will be doing.

____ 17. Prepare an emesis basin lined with tissue or a denture cup filled with water for placement of dentures.

____ 18. Ask the resident to remove the dentures and place in emesis basin or denture cup. Take to the sink and line sink with paper towels.

____ 19. Apply toothpaste or denture cleanser with dentures held securely in hand. Brush until dentures are clean.

____ 20. Rinse dentures thoroughly under running water.

____ 21. Have resident rinse mouth with mouthwash and brush any permanent teeth he/she may have. (see previous procedure).

____ 22. Keeping dentures moist, have resident replace in mouth.

____ 23. Clean equipment and put away, wash your hands.

Mouth Care for the Unconscious Resident

____ 24. Assemble the equipment and wash your hands.

____ 25. Provide privacy, tell the resident what you are going to do.

____ 26. Stand at bedside and turn the resident's head to the side facing you.

____ 27. Position towels under resident's head and face.

____ 28. Position emesis basin on towel under resident's chin.

____ 29. Open resident's mouth and hold tongue in place with tongue depressor.

____ 30. Wipe the resident's entire mouth with prepared packaged swabs, or applicators moistened with mouthwash. Clean tongue, inside cheeks and lips. Rinse with swabs dipped in clean water.

____ 31. Dry resident's face with towel and apply lubricant to resident's lips.

____ 32. Make resident comfortable, clean and store equipment.

____ 33. Wash hands and report any unusual observations.

Comments:

Instructor's Signature_____Date_____

NURSE AIDE
Unit III

Skills Checklist #12
Complete Bed Bath

Equipment: Soap, soapdish, washcloth, washbasin, bath thermometer if available, face and bath towels, clean gown, nail file, lotion.

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble the equipment.

____ 2. Wash your hands.

____ 3. Provide privacy and tell the resident what you are going to do.

____ 4. Assist with oral hygiene-see skills checklist.

____ 5. Offer bedpan or urinal before you begin.

____ 6. Raise bed to high position; loosen all linen and let hang loosely.

____ 7. Remove spread and blanket, fold over the back of the chair.

____ 8. Place bath blanket over top sheet and then remove top sheet without exposing resident; place dirty sheet in laundry bag or appropriate place.

____ 9. Position resident comfortably, in a flat position if resident can tolerate.

____ 10. Remove resident's gown and jewelry; place gown with dirty linen, place jewelry in resident's bedside stand.

____ 11. Fill washbasin two-thirds full with 115°F.(36.1°C.) water. If available, use a thermometer to check.

____ 12. Help resident move to side of bed near aide. Use good body mechanics.

____ 13. Place towel across resident's chest. Make a mitten with the washcloth and wash resident's face first; dry face well by patting.

____ 14. Place towel under resident's arm to protect bed, wash shoulders, axilla and arm. Rinse and dry well.

____ 15. Place resident's hand in water and wash. Clean fingernails.

____ 16. Wash other arm, axilla and hand the same way.

____ 17. Place towel across resident's chest. Fold bath blanket down. Wash neck and chest. Dry thoroughly. Examine female resident's breast.

____ 18. Fold bath blanket down to pubic area and wash resident's abdomen. Dry well.

____ 19. Empty dirty water. Refill basin with water. Check water temperature.

____ 20. Place towel under one of resident's legs, wash and dry well.

____ 21. Place foot in basin and wash. Dry all creases and between the toes well.

____ 22. Do the other leg.

____ 23. Turn resident on his/her side.

____ 24. Place towel to protect bed and wash, rinse, and dry the resident's back of neck, back and buttock.

____ 25. Give the resident a back rub with warmed lotion. Back rub should be for about a minute and one-half.

____ 26. Turn resident on his/her back, offer the resident a soapy cloth and ask him/her to wash genitals. If they are unable to do this, then you should do the genitals, washing with warm soapy water from front toward rectum. Rinse and dry thoroughly.

____ 27. Assist the resident to dress. Comb hair.

____ 28. Position resident comfortably. Clean equipment and put it away.

____ 29. Wash hands and report any observations to supervisor.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit III

Skills Checklist # 13
Providing Perineal Care

Equipment: Basin of warm water, soap, towel and washcloth, if available peribottle with warm water.

Name _____
Passed _____ Needs More Practice _____

____ 1. Wash hands - follow CDC precautions.

____ 2. Provide privacy and explain procedure to resident

____ 3. Remove soiled pads, clothing, linen.

____ 4. Men-cleanse penis by pushing back foreskin-gently wash around penis and scrotom.

____ 5. Women-gently separate labia-wash down one side then the other. (Wash from front to back)

____ 6. Wash buttocks and upper thighs.

____ 7. Rinse thoroughly. Optional-position resident on bedpan and using peribottle rinse perineal area by squeezing water from bottle over perineal area.

____ 8. Dry thoroughly.

____ 9. Dress in clean clothing, make sure linen is clean and dry.

____ 10. Make resident comfortable.

____ 11. Clean and return equipment.

____ 12. Wash hands and report any unusual findings to supervisor.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit III

Skill Checklist #14
Whirlpool Bath

Equipment: Towels, washcloths, soap, transfer chair, materials to clean tub.

Name _____
Passed _____ Needs More Practice _____

____ 1. Check with nurse to see which residents get whirlpool baths, and for which residents the whirlpool can be turned on.

____ 2. Assemble equipment and prepare the whirlpool.

____ 3. Wash hands. Check temperature of whirlpool (105°F)

____ 4. Explain to the resident what you are going to do and the purpose of the whirlpool.

____ 5. Take resident to whirlpool, position in transfer chair.

____ 6. Fasten seatbelt securely, instruct resident on how he/she can help.

____ 7. Check and position elbows and feet.

____ 8. Slowly raise the resident.

____ 9. Slowly lower the resident into the tub, check resident's reaction to water temperature before completely immersing.

____ 10. Once resident is lowered, if ordered turn the whirlpool on.

____ 11. Assist the resident with washing, as needed.

____ 12. Begin to drain water from the whirlpool.

____ 13. Put towel or bath blanket over the resident to keep from chilling.

____ 14. Tell resident what you are doing and slowly raise out of the whirlpool.

____ 15. Position resident. Dry well and assist with dressing. Comb hair.

____ 16. Clean whirlpool.

____ 17. Return resident to room or where he/she is to be at the time.

(Turn Page)

Skills Checklist #14 continued

____ 18. Wash hands.

____ 19. Report any unusual observations to supervisor.

Comments:

Instructor's Signature_____Date_____

NURSE AIDE
Unit III

Skills Checklist #15
Tub Baths and or Shower

Equipment: Bath towels, thermometer if available, soap, washcloth, resident's clean clothing, disinfectant for cleaning tub.

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment.

____ 2. Wash hands.

____ 3. Tell resident you will be helping his/her with tub bath/shower.

____ 4. Insure privacy.

____ 5. Help resident out of bed, assist with putting on robe and slippers take him/her to the tub room.

____ 6. Check for possible safety hazards in bathroom.

____ 7. Clean tub with disinfectant solution.

____ 8. Fill tub one-half full of water at 105°F. (40.5° C.). Test water with a thermometer, if available. For shower, regulate and test water temperature.

____ 9. Place a towel in the bathtub for resident to sit on.

____ 10. Place a towel on the floor where the resident will step out of the tub/shower. This will prevent slipping.

____ 11. Assist resident to get undressed and into the bathtub/shower.

____ 12. Help the resident to wash himself/herself, if needed.

____ 13. Put a towel on the chair.

____ 14. Help resident out of the tub/shower, being careful he/she doesn't slip. Sit him/her on the chair.

____ 15. Dry resident well. Help him/her dress. Comb hair.

____ 16. Return resident to room or wherever he/she is to go at the time.

(Turn Page)

Skills Checklist #15 continued

____ 17. Clean tub and bathroom area. Remove all soiled linen.

____ 18. Wash your hands.

Comments:

Instructor's Signature_____ Date_____

NURSE AIDE
Unit III

Skills Checklist #16
Nail Care

Equipment: Basin of warm soapy water, nail file, clippers, emery board, orange stick, towel.

Name _____
Passed _____ Needs More Practice _____

Fingernails

____ 1. Check with supervisor to determine what type of nail care aide can do for resident. (Aides are not to do nail care on residents who are diabetic or have a circulatory problem)

____ 2. Explain to the resident what you are going to do.

____ 3. Assemble equipment.

____ 4. Wash hands.

____ 5. Do nails following bath or soak hands/feet in warm water for a few minutes before cleaning/trimming.

____ 6. Place hand on which nails are to be trimmed on a towel on a table.

____ 7. Gently remove dirt from under the nails with a file.

____ 8. Using a clipper or nail file, shape fingernails.(moon shaped)

____ 9. Be careful not to nick skin, cuticle or to file too close to the cuticle on the side of the nail.

____ 10. Do the other hand in the same manner.

Toenails Follow steps 1-5 for fingernail care.

____ 11. Position foot on which nail care is to be done on a towel.

____ 12. Clean nails and trim straight across with a toenail clipper.

____ 13. Put on resident's shoes and stockings.

____ 14. Put equipment away and clean area.

____ 15. Wash hands and report any problems/observations to supervisor.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit III

Skills Checklist #17
Shampooing a Resident's Hair

Equipment: Shampoo, washcloth, towels, - optional cotton for ears, pitcher, blow dryer.

Name _____
Passed _____ Needs More Practice _____

____ 1. Check the schedule to see when/if resident's hair is to be shampooed-frequently this is done with the shower.

____ 2. Assemble the equipment. Check to see if resident has a special shampoo.

____ 3. Wash hands.

____ 4. Explain to the resident what you are going to do.

____ 5. Have resident cover eyes with a dry washcloth. If resident is unable to do this, aide holds washcloth over eyes with one hand. Protect the ears so water does not run in during shampoo. (Using cotton or hand over ears)

____ 6. Wet the hair. Apply shampoo.

____ 7. Wash hair and massage the scalp with fingertips or if resident is able have resident do this.

____ 8. Rinse hair thoroughly.

____ 9. Dry thoroughly by rubbing hair and scalp with towel.

____ 10. If resident is in shower or whirlpool, finish bath.

____ 11. Dress resident, comb hair according to proper procedure.

____ 12. If available, blow dry hair.

____ 13. Remove equipment. Clean bathroom.

____ 14. Wash hands.

____ 15. Report anything unusual to supervisor.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit III

Skills Checklist #18
Shaving a Resident With An Electric Razor

Equipment: Electric razor, towel, washcloth, soap, basin of warm water, pre-shave lotion and after shave lotion (if available), mirror

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble your equipment on bedside table.

____ 2. Wash your hands.

____ 3. Explain to resident what you are going to do.

____ 4. Screen resident for privacy.

____ 5. Make sure there is adequate lighting.

____ 6. Raise the head of the bed or assist the resident to the chair.

____ 7. Wash face and neck with soap and water and rinse and towel dry so face is clean and facial oils are removed before starting.

____ 8. If resident has dentures, make sure they are in.

____ 9. Apply pre-shave lotion, using care not to get any in eyes or mouth of resident. Include the neck.

____ 10. Plug razor into 110 volt receptacle.

____ 11. With the fingers of one hand, hold the skin tight as you shave in a circular motion in the direction the hairs grow. Start under the sideburns and work over to the cheeks. Continue carefully over the chin. Work upward on the neck under the chin. Areas under the nose and around the lips are sensitive. Take special care in these areas.

____ 12. When you are finished, apply after shave lotion if available.

____ 13. Pull privacy curtain open.

____ 14. Lower the head of the bed and make the resident comfortable. Make sure call light is within reach and siderails are up in indicated.

____ 15. Clean equipment and put in proper place. Clean razor by removing the head and using a soft brush to remove the whiskers. Wipe off head with alcohol prep. Put razor back in case. NEVER USE A RESIDENT'S OWN RAZOR FOR ANYONE ELSE. THIS IS THEIR PRIVATE PROPERTY.

(Turn Page)

____ 16. Wash your hands.

____ 17. Report any unusual observations to the nurse.

SPECIAL INSTRUCTIONS:

1. Do not use pre-shave or after shave if resident's skin is irritated, red, or if open areas are present.

2. Report dull blades, frayed cords, and poor functioning equipment to the nurse.

3. Always encourage the resident to do as much of the procedure that he is able to do and assist as needed.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit III

Skills Checklist #19
Giving a Male Resident the Urinal

Equipment: Urinal, urinal cover, water or wet cloth and towel to wash hands.

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble the equipment.

____ 2. Wash your hands.

____ 3. Provide privacy. Explain to the resident what you are going to do.

____ 4. Place or assist the resident to place the urinal so urine will flow into the urinal.

____ 5. Place the signal cord within easy reach of the resident and tell him to push the button when he is finished.

____ 6. Wash your hands and leave the room; be alert for the signal light.

____ 7. When resident signals or after a short time, return to the room.

____ 8. Remove urinal, cover and take it to the bathroom.

____ 9. Check urine for unusual appearance, if resident is on intake-output, measure the urine.

____ 10. Empty urine into toilet. Rinse urinal with clean water.

____ 11. Return clean urinal to resident's bedside.

____ 12. Assist the resident to wash hands.

____ 13. Wash your hands.

____ 14. Record output if required, report any unusual observations to your supervisor.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit III

Skills Checklist #20
Assisting the Resident with A Bedpan

Equipment: Bedpan, bedpan cover, tissue, water or wet washcloth, towel.

Name _____
Passed _____ Needs More Practice _____

BEDPAN

____ 1. Assemble equipment.

____ 2. Wash hands.

____ 3. Provide privacy. Explain what you are going to do.

____ 4. If bedpan is metal, warm the bedpan by running warm water over. Dry the outside of the bed pan.

____ 5. Lower siderails, fold back the top sheets if they are in the way.

____ 6. Raise the resident's gown.

____ 7. Ask the resident to bend his/her knees; put feel flat on the mattress; and raise hips by pressing feet down on the bed. If necessary, help the resident raise his/her buttocks by slipping your hand under the lower part of the back. Place the bedpan in position under the buttocks.

____ 8. If resident unable to lift buttocks; then turn resident to his/her side away from you. Position bedpan over buttock. Turn resident onto his/her toward you, bedpan will be in correct position.

____ 9. Replace covers over resident.

____ 10. Raise the backrest and knees,(if allowed). Resident should be in as much of a sitting position as possible.

____ 11. Place toilet tissue and signal cord where resident can easily reach them. Ask resident to signal when finished.

____ 12. Place side rails in up position.

____ 13. Wash hands and leave room to give resident privacy. Watch for the signal light.

____ 14. After a short time or when resident signals, return to room. Help the resident to raise hips and remove bedpan.

____ 15. Cover the bedpan immediately.

(Turn page)

____ 16. If resident unable to clean self, help him/her by turning resident on side and clean with toilet tissue or damp cloth.

____ 17. Take bedpan to resident's bathroom. If resident is on intake, measure urine. Check feces, urine for unusual appearance.

____ 18. Empty the bedpan and follow the facility's procedure for cleaning the bedpan.

____ 19. Return bedpan to bedside stand.

____ 20. Help resident wash his/her hands, and position comfortably.

____ 21. Wash hands. Report any unusual observations to the supervisor.

USING THE COMMODE

____ 22. Get help if needed. Wash hands.

____ 23. Position commode beside bedside, lock wheels.

____ 24. Provide privacy. Explain to resident what you are going to do.

____ 25. Transfer resident from bed following correct transfer procedure.

____ 26. If ordered and needed, apply restraints. Never leave a confused or weak resident alone on the commode.

____ 27. If resident is alert, leave room, place call button within easy reach of the resident and check resident frequently.

____ 28. When resident is finished, help him/her clean himself/herself if necessary and then return to bed.

FOLLOW STEPS 17 THROUGH 21 OF THE ABOVE PROCEDURE

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit IV

Skills Checklist #21
Feeding a Resident

Equipment: Washcloth for washing resident's hands, napkin, silverware, straw,

Name _____
Passed _____ Needs More Practice _____

____ 1. Tell the resident you will be helping him/her to eat.

____ 2. Wash hands.

____ 3. Offer bedpan/assist to bathroom, if able.

____ 4. Help resident wash hands. Check nails.

____ 5. Position resident comfortably at the table; or if eating in bed, with head elevated. If resident in chair, be sure robe and slippers are on.

____ 6. Remove unpleasant odors/objects.

____ 7. Check to make sure the resident has the correct diet.

____ 8. Make yourself comfortable. If you sit, you and the resident will be more relaxed.

____ 9. Position napkin to protect resident's clothing. Encourage resident to assist as much as he/she is able.

____ 10. Season food according to resident's preference.

____ 11. Fill spoon/fork only half-full. (Use the tip of the spoon not the side)

____ 12. Put the food in the side of the resident's mouth.

____ 13. Alternate liquids and solids.

____ 14. Use a straw for liquids, if possible.

____ 15. Feed resident slowly. Allow him/her to chew and swallow before giving more food.

____ 16. Assist resident in washing face and hands. Make him/her comfortable.

(Turn Page)

____ 17. If resident is on intake/output, record intake.

____ 18. Wash hands. Report anything unusual to supervisor. e.g. how much was eaten or comments concerning meal.

Comments:

Instructor's Signature_____ Date _____

CPR and ECC Performance Sheet

Obstructed Airway: Conscious Adult

American Heart Association

Name _____ Date _____

Step	Activity	Critical Performance	S	U
1. Assessment	Determine airway obstruction.	Ask "Are you choking?"		
		Determine if victim can cough or speak.		
2. Heimlich Maneuver	Perform abdominal thrusts.	Stand behind the victim.		
		Wrap arms around victim's waist.		
		Make a fist with one hand and place the thumb side against victim's abdomen in the midline slightly above the navel and well below the tip of the xiphoid.		
		Grasp fist with the other hand.		
		Press into the victim's abdomen with quick upward thrusts.		
		Each thrust should be distinct and delivered with the intent of relieving the airway obstruction.		
		Repeat thrusts until either the foreign body is expelled or the victim becomes unconscious (see below).		

Victim with Obstructed Airway Becomes Unconscious (Optional Testing Sequence)

3. Additional Assessment	Position the victim.	Turn on back as unit.		
		Place face up, arms by side.		
	Call for help.	Call out "Help!" or, if others respond, activate EMS system.		
4. Foreign Body Check	Perform finger sweep.*	Keep victim's face up.		
		Use tongue-jaw lift to open mouth.		
		Sweep deeply into mouth to remove foreign body.		
5. Breathing Attempt	Attempt ventilation (airway is obstructed).	Open airway with head-tilt/chin-lift.		
		Seal mouth and nose properly.		
		Attempt to ventilate.		
6. Heimlich Maneuver	Perform abdominal thrusts.	Straddle victim's thighs.		
		Place heel of one hand against victim's abdomen, in the midline slightly above the navel and well below the tip of the xiphoid.		
		Place second hand directly on top of first hand.		
		Press into the abdomen with quick upward thrusts.		
		Perform 6–10 abdominal thrusts.		
7. Foreign Body Check	Perform finger sweep.*	Keep victim's face up.		
		Use tongue-jaw lift to open mouth.		
		Sweep deeply into mouth to remove foreign body.		
8. Breathing Attempt	Attempt ventilation.	Open airway with head-tilt/chin-lift.		
		Seal mouth and nose properly.		
		Attempt to ventilate.		
9. Sequencing	Repeat sequence.	Repeat Steps 6–8 until successful.†		

*During practice and testing, simulate finger sweeps.

†After airway obstruction is removed, check for pulse and breathing. (a) If pulse is absent, ventilate a second time and start cycles of compressions and ventilations. (b) If pulse is present, open airway and check for spontaneous breathing. (c) If breathing is present, monitor breathing and pulse closely, maintain open airway. (d) If breathing is absent, perform rescue breathing at 12 times/min and monitor pulse.

Instructor _____ Check: Satisfactory _____ Unsatisfactory _____

Skills Checklist #22

NURSE AIDE

CPR and ECC Performance Sheet

Obstructed Airway: Unconscious Adult

American Heart Association

Name _____ Date _____

Step	Activity	Critical Performance	S	U
1. Assessment/Airway	Determine unresponsiveness.	Tap or gently shake shoulder. Shout "Are you OK?"		
	Call for help.	Call out "Help!"		
	Position the victim.	Turn on back as unit, if necessary, supporting head and neck (4–10 sec).		
	Open the airway.	Use head-tilt/chin-lift maneuver.		
	Determine breathlessness.	Maintain open airway.		
		Ear over mouth, observe chest: look, listen, feel for breathing (3–5 sec).		
2. Breathing Attempt	Attempt ventilation (airway is obstructed).	Maintain open airway.		
		Seal mouth and nose properly.		
		Attempt to ventilate.		
	Reattempt ventilation (airway remains blocked).	Reposition victim's head.		
		Seal mouth and nose properly.		
		Reattempt to ventilate.		
	Activate EMS system.	If someone responded to call for help, send him/her to activate EMS system.		
		Total time, Steps 1 and 2: 15–35 sec.		
3. Heimlich Maneuver	Perform abdominal thrusts.	Straddle victim's thighs.		
		Place heel of one hand against victim's abdomen in the midline slightly above the navel and well below the tip of the xiphoid.		
		Place second hand directly on top of first hand.		
		Press into the abdomen with quick upward thrusts.		
		Each thrust should be distinct and delivered with the intent of relieving the airway obstruction.		
		Perform 6–10 abdominal thrusts.		
4. Foreign Body Check	Perform finger sweep.*	Keep victim's face up.		
		Use tongue-jaw lift to open mouth.		
		Sweep deeply into mouth to remove foreign body.		
5. Breathing Attempt	Attempt ventilation.	Open airway with head-tilt/chin-lift maneuver.		
		Seal mouth and nose properly.		
		Attempt to ventilate.		
6. Sequencing	Repeat sequence.	Repeat Steps 3–5 until successful.†		

* During practice and testing simulate finger sweeps.

† After airway obstruction is removed, check again for pulse and breathing. (a) If pulse is absent, ventilate a second time and start cycles of compressions and ventilations. (b) If pulse is present, open airway and check for spontaneous breathing. (c) If breathing is present, monitor breathing and pulse closely, maintain open airway. (d) If breathing is absent, perform rescue breathing at 12 times/min and monitor pulse

Instructor _____ Check: Satisfactory _____ Unsatisfactory _____

4/86

BEST COPY AVAILABLE

NURSE AIDE
Unit V

Skills Checklist #23
Vital Signs - TPR

Equipment: Thermometer, paper towel to wipe thermometer, thermometer container watch with second hand, probes and stand if using electonic therm.

Name_____
Passed _____ Needs More Practice _____

A. Oral Temperature with Mercury Thermometer

____ 1. Assemble equipment.

____ 2. Wash hands.

____ 3. Tell the resident what you are going to do.

____ 4. Check to make sure resident has not had hot or cold fluids recently, or been smoking. If he/she has, wait ten minutes to take temperature.

____ 5. The resident should be in bed or sitting in a chair when tmperature is taken.

____ 6. Take thermometer out of container, rinse with cool water, check for chips or cracks.

____ 7. Shake down the mercury.

____ 8. Gently place the bulb end of the thermometer under the resident's tongue. Ask the resident to keep mouth and lips closed.

____ 9. Leave the thermometer in the resident's mouth for 5-10 minutes. You may be taking resident's pulse and respirations while waiting.

____ 10. Take the thermometer out of the resident's mouth, wipe with kleenex from stem to bulb end.

____ 11. Read the thermometer accurately.

____ 12. Record.

____ 13. Shake down the mercury, wash with soap and water. Replace in proper container filled with proper disinfectant solution.

____ 14. Make the resident comfortable.

____ 15. Wash your hands. Report any temperature above 100°F. or 37.8°C. to supervisor.

(Turn Page)

B. Rectal Temperatures with Mercury Thermometer

____ 16. Assemble equipment.

____ 17. Wash hands and explain to the resident what you are going to do.

____ 18. Provide privacy. Lower bed. Turn resident onto his/her side. Inspect to see that no fecal material is obstructing rectum.

____ 19. Remove thermometer from container. Hold only by stem. Rinse with cool water. Inspect for cracks or chips.

____ 20. Shake down thermometer. Put a small amount of lubricating jelly on tissue and lubricate bulb of thermometer.

____ 21. Position your left hand on resident's back to prevent resident from rolling back, and with other hand raise the upper buttock until you can see the anus. Gently insert bulb of the thermometer for 1 inch.

____ 22. Hold the thermometer in place for 3-5 minutes, while helping resident maintain side position with your left hand on resident's back.

____ 23. Remove thermometer from rectum by the stem. Wipe with a tissue from stem to bulb.

____ 24. Read the thermometer and record.

____ 25. Make the resident comfortable.

____ 26. Wash your hands and immediately report a temperature above 101°F. or 38.3°C. to your supervisor.

C. Oral Temperature with Electronic Thermometer

____ 1. Assemble equipment.

____ 2. Wash your hands.

____ 3. Provide privacy and explain to resident what you will be doing.

____ 4. Check to make sure the probe connector is properly placed in receptacle.

____ 5. Remove probe from stored position and insert into the sheath or probe cover.

____ 6. Insert the covered probe into the resident's mouth slowly until the metal tip is at the base of the tongue to the back of the resident's mouth.

(Turn Page)

____ 7. Hold the probe in the resident's mouth. It is much heavier than a glass thermometer.

____ 8. Wait about 15 seconds for the buzzer to ring, then remove the probe from the resident's mouth.

____ 9. Record the temperature.

____ 10. Discard the used probe cover/sheath. Do not touch while removing.

____ 11. Return the probe to its stored position, and store in charging stand.

____ 12. Make the resident comfortable. Wash your hands and report any temperature above 100°F. or 37.8°C. to supervisor.

D. Obtaining a Rectal Temperature with an Electronic Thermometer

____ 13. Assemble equipment.

____ 14. Provide privacy, and explain to the resident what you are going to do.

____ 15. Check to be sure the rectal probe is seated properly in the receptacle.

____ 16. Remove the probe from its stored position and insert it into a probe cover or sheath.

____ 17. Turn resident on side, secure his/her position by positioning one hand on the back. Using the other hand insert covered probe into the rectum one-half inch and hold until buzzer rings.

____ 18. Remove probe from rectum. Record temperature.

____ 19. Discard the used probe cover, do not touch.

____ 20. Return probe to correct position and store thermometer in charging stand.

____ 21. Make the resident comfortable. Wash your hands.

____ 22. Report a temperature above 101°F. or 38.3°C. to supervisor.

E. Measuring the Resident's Radial Pulse

____ 1. This is usually done at the same time that you take the resident's temperature and respirations.

(Turn Page)

____ 2. Assemble equipment. Wash hands.

____ 3. Tell the resident what you are going to do. Position resident so his/her arm and hand are resting comfortably.

____ 4. Find the pulse by placing the tips of your middle three fingers on the palm side of the resident's wrist over the radial artery.

____ 5. After locating the pulse, note the rhythm and if the beat is steady or irregular.

____ 6. Look at position of second hand on watch, start to count when second hand is in good position. Count for one full minute or sixty seconds.

____ 7. Record the pulse on the TPR sheet.

____ 8. Make the resident comfortable. Wash your hands.

____ 9. Report any pulse rate under 60 or over 90 to the supervisor. Also report irregular beat.

F. <u>Measuring the Resident's Respirations</u>

____ 1. Usually done when obtaining temperature and pulse.

____ 2. Continue holding the resident's wrist after obtaining the pulse, this way he/she will not know you are counting respirations.

____ 3. If you cannot see the rise and fall of the resident's chest, fold the resident's arm across the chest, then you can feel the respirations.

____ 4. Count each rise and fall of the chest as one respiration.

____ 5. Check the second hand on your watch and when in a good position, count the respirations for one full minute or 60 seconds.

____ 6. Record the respirations on the TPR sheet.

____ 7. Make the resident comfortable. Wash your hands.

____ 8. Report any unusual rhythm, sound or if respirations are less then 14 or more than 28 to your supervisor.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit V

Skills Checklist #24
Measuring Blood Pressure

Equipment: Sphygmomanometer (blood pressure cuff), stethoscope, antiseptic pad, blood pressure board, book or form used in your facility

Name_____
Passed _____ Needs More Practice _____

____ 1. Wash your hands.

____ 2. Assemble equipment.

____ 3. Wipe the earplugs of the stethoscope with the antiseptic pads.

____ 4. Tell the resident what you will be doing.

____ 5. Have the resident resting quietly. He/she should be either lying down or sitting in a chair.

____ 6. The resident's arm should be bare up to the shoulder or the resident's sleeve should be well above the elbow.

____ 7. The resident's arm from the elbow down should be resting fully extended on the bed. Or it might be resting on the arm of the chair, or your hip, well-supported, with the palm upward.

____ 8. Unroll the cuff and loosen the valve on the bulb. Then squeeze the compression bag to deflate it completely.

____ 9. Wrap the cuff around the resident's arm above the elbow snugly and smoothly. But do not wrap it so tightly that the patient is uncomfortable from the pressure.

____ 10. Leave the arm area clear where you will place the bell or diaphragm of the stethoscope.

____ 11. Be sure the manometer is in position so you can read the numbers easily. If using mercury sphygmanometer, it should be at eye level.

____ 12. Put the earplugs of the stethoscope into your ears.

____ 13. With your fingertips, find the resident's brachial pulse at the inner aspect of the arm above the elbow (brachial artery). This is where you will place the diaphragm or bell of the stethoscope. The diaphragm should be held firmly against the resident's skin, but it should not touch the cuff of the apparatus.

____ 14. Tighten the thumbscrew of the valve to close it. Turn it clockwise. Be careful not to turn it too tightly. If you do, you will have trouble opening it.

Skills Checklist #24 continued

____ 15. Hold the stethoscope in place. Inflate the cuff until the dial points to 170.

____ 16. Open the valve counter-clockwise. This allows the air to escape.

____ 17. Note the calibration (number) that the pointer passes as you hear the first sound. This point indicates the systolic pressure (or the top number).

____ 18. Continuing releasing the air from the cuff. When the sounds change to a softer or muffled and faster thud or disappear, note the calibration. This is the diastolic pressure (or bottom number).

____ 19. Deflate the cuff completely. Remove it from the resident's arm.

____ 20. Record your reading on the blood pressure board, blood pressure book, or form used in your institution.

____ 21. After using the blood pressure cuff, roll it up over the manometer and replace it in the case.

____ 22. Wipe the earplugs of the stethoscope again with an antiseptic swab. Put the stethoscope back in it proper place.

____ 23. Make the resident comfortable.

____ 24. Lower the bed to a position of safety for the resident.

____ 25. Wash your hands.

____ 26. Report to your supervisor that you measure the patient's blood pressure, the time that you measured the blood pressure, and your observations of anything unusual.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit V

Skills Checklist #25
Obtaining Resident's Height and Weight

Equipment: Upright scale or scale used in your facility

Name _____
Passed _____ Needs More Practice _____

____ 1. Wash hands

____ 2. Transport/walk resident to scale or bring scale to bedside.

____ 3. Place weights to extreme left.

____ 4. Help resident remove shoes. Position on scale.

____ 5. Move weights to estimated weight.

____ 6. Balance weights until bar hangs halfway between.

____ 7. Add two figures - record.

____ 8. Lower height bar to top of head.

____ 9. Note height - record.

____ 10. Return resident to room/bed - replace equipment

____ 11. Record.

____ 12. Report weight variations of 5 pounds to supervisor.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit V

Skills Checklist #26
Measuring Intake and Output

Equipment: Intake chart, intake/output sheet, urinal or bedpan, measured graduate.

Name_____
Passed _____ Needs More Practice _____

Intake

____ 1. Explain to the resident that the amount of fluids he/she drinks is being recorded, and ask him/her to help if able.

____ 2. Observe all fluids the resident drinks during and between meals. This is done throughout the entire period in which you are working.

____ 3. Check the intake chart for standard amounts. Make sure the resident has consumed everything being recorded.

____ 4. Record everything consumed during the shift as it is consumed, be sure and add up the amounts after meals. These amounts should be recorded in c.c's.

____ 5. At the end of the shift, total everything consumed during the shift and mark total in the designated space on intake-output sheet. This gives an overall picture of what the resident consumed for the 8 hr. shift.

Output

____ 6. Explain to the resident that you will be measuring the amount of urine he/she is putting out, and explain he/she must use urinal or bedpan. A special bedpan should be used if resident is also having a bowel movement.

____ 7. Instruct the resident not to put toilet tissue in the bedpan.

____ 8. After the resident has urinated, pour urine from urinal or bedpan into the graduate for measuring urine.

____ 9. Read the amount of urine by using the graduated lines on the container.

____ 10. Observe urine for unusual appearance. Report if noted.

____ 11. Empty urinal or bedpan, rinse and return to proper place. Take the toilet tissue from wastebasket and put in stool and flush stool.

____ 12. Wash hands.

(Turn Page)

Skills Checklist # 26 continued

____ 13. Record the amount of the output on the intake/output sheet in c.c's.

____ 14. Total the entire amount of output at the end of the shift when you total the input, and report/record as required by your facility.

Comments:

Instructor's Signature_____Date_____

NURSE AIDE
Unit V

Skills Checklist #27
Obtaining a Routine Urine Sample

Equipment: Bedpan, urinal, graduate, specimen container with lid and label, laboratory requisition (as per facility)

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment.

____ 2. Wash hands.

____ 3. Provide the resident with privacy.

____ 4. Explain the procedure to the resident, ask him/her not to put toilet tissue in bedpan.

____ 5. Have the resident urinate into clean bedpan or urinal.

____ 6. Prepare the label by filling in all required information. Record the date and time.

____ 7. Take the bedpan to resident's bathroom.

____ 8. Pour the urine into a clean graduated container.

____ 9. If resident is on output, measure and record amount. Pour the urine from graduate into specimen bottle.

____ 10. Put the lid on the bottle and put the correct label on the specimen bottle.

____ 11. Pour the extra urine into stool.

____ 12. Clean and rinse graduate. Return to proper place.

____ 13. Clean bedpan or urinal and return to proper place.

____ 14. Place specimen in proper place for pick up or take to lab. (Facility policy)

____ 15. Wash hands and report to the nursing supervisor.

Comments:

Instructor's Signature_____ Date_____

NURSE AIDE
Unit V

Skills Checklist #28
Obtaining a Stool Specimen

Equipment: Bedpan with cover, stool specimen container, wooden tongue depresser, specimen container, label, disposable gloves.

Name _____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment.

____ 2. Wash your hands.

____ 3. Explain to the resident what you want to do and to use a bedpan the next time he/she has a bowel movement.

____ 4. Provide privacy.

____ 5. After positioning the resident on the bedpan, ask him/her not to urinate or put toilet tissue in bedpan.

____ 6. Prepare the label by including all required resident information, include date and time.

____ 7. After the resident has had a bowel movement, take the covered bedpan to the bathroom.

____ 8. Place a sample of stool in container maintaining medical asepsis.

____ 9. Wrap the tongue blade in paper towel and discard.

____ 10. Empty remaining stool in hopper and flush.

____ 11. Clean bedpan and return.

____ 12. Wash hands.

____ 13. If a warm specimen was required take to lab. or appropriate place immediately. If warm specimen not required, place in appropiate place for pickup.

____ 13. Report to supervisor.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit V

Skills Checklist #29
Testing Urine for Sugar Using Clinitest

Equipment: Fresh urine specimen, clean dry test tube, medicine dropper, reagent used by facility, containers for water, paper towel, watch, color chart

Name_____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment and obtain double voided urine specimen. Double voided is gotten by having resident void-discard (record if on I & O) and having resident void again for clinitest sample.

____ 2. Wash hands.

____ 3. Place paper towel on work area.

____ 4. Rinse dropper in one of the water containers.

____ 5. Read directions. Place amount of urine required in test tube (depends on policy of facility).

____ 6. Rinse dropper and place 10 drops of water in test tube with the urine.

____ 7. Place one clinitest in test tube with urine and water. Be careful not to touch the test tube bottom; it becomes very hot during reaction.

____ 8. Wait 15 seconds after reaction (boiling) has stopped, then gently shake the test tube.

____ 9. Compare the contents of test tube with the color chart, Be sure it is the correct color chart-different tests have different color charts. If you are uncertain of the reading, have your supervisor check it.

____ 10. Record the results accureately.

____ 11. Clean equipment and return.

____ 12. Wash hands and report the results to the supervisor.

Comments:

Instructor's Signature_____ Date _____

Skills Checklist #30
Testing Urine for Acetone-Using Tablets

Equipment: Fresh urine specimen, medicine dropper, reagent used in facility, paper towel, water container, color chart.

Name_____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment, obtain clean urine specimen.

____ 2. Wash hands.

____ 3. Place 1 acetone tablet on paper towel.

____ 4. Drop 1 drop of urine on tablet-to moisten. Wait 30 seconds.

____ 5. Compare the color of the acetone tablet with the color chart. Be sure you have the correct color chart.

____ 6. Record results. Rinse dropper with clean water and clean area.

____ 7. Wash hands.

____ 8. Report results to supervisor.

Comments:

Instructor's Signature_____ Date _____

NURSE AIDE
Unit V

Skills Cheklist #31
Administering A Prepackaged Enema

Equipment: Disposable prepackaged enema, bedpan and cover, disposable bed protector, toilet tissue, disposable gloves.

Name_____
Passed_____ Needs more practice_____

____ 1. Check with supervisory nurse regarding order and type of enema to be given.

____ 2. Wash hands.

____ 3. Assemble equipment.

____ 4. Explain to resident what you will be doing.

____ 5. Provide privacy.

____ 6. Cover the resident with a bath blanket, fanfold top sheets to the bottom of the bed.

____ 7. Place the disposable bed protector under resident's buttocks.

____ 8. Position resident on left side with right knee bent toward chest.

____ 9. Place the bedpan at the foot of the bed within easy reach.

____ 10. Open disposable enema, remove cap.

____ 11. Put on disposable gloves.

____ 12. Expose resident's buttock by raising bathblanket so you can see anal area.

____ 13. Gently insert the prelubricated enema tip two inches through anus into the rectum.

____ 14. Squeeze the disposable container until all liquid goes into resident's rectum.

____ 15. Remove the tube and return container to the box.

____ 16. Help the resident onto the bedpan, place toilet tissue within easy reach or if the resident is able and allowed assist him/her to the bathroom. If resident uses bathroom ask them not to flush the stool.

____ 17. Give the resident the signal light. Check on the resident frequently.

Skills Checklist #31 continued (prepackaged enemas)

____ 18. Discard the disposable enema container in dirty utility area.

____ 19. Check the contents of the bedpan/stool and note amount, color, and consistency.

____ 20. Remove disposable plastic bed protector. Help resident wash hands and make resident comfortable.

____ 21. Wash your hands.

____ 22. Report to your supervisory nurse.

Comments:

Instructor's Signature _____ Date _____ _____

NURSE AIDE
Unit V

Skills Cheklist #31 B
Administering A Soap Suds or Tap Water Enema

Equipment: Enema container, tubing, clamp, lubricating jelly, graduated pitcher, required solution (pkg. of enema soap, 2 teaspoons salt, tap water 105°F.) bedpan and cover, disposable bed protector, toilet tissue, disposable gloves.

Name_____
Passed_____ Needs more practice_____

____ 1. Check with supervisory nurse regarding order and type of enema to be given.

____ 2. Wash hands.

____ 3. Assemble equipment - prepare 1000 cc. of solution. Check water temperature (105°). Close clamp on tubing. Fill with water. Place end of tubing over zinc, open clamp and let solution fill tubing.

____ 4. Explain to resident what you will be doing.

____ 5. Provide privacy.

____ 6. Cover the resident with a bath blanket, fanfold top sheets to the bottom of the bed.

____ 7. Place the disposable bed protector under resident's buttocks.

____ 8. Position resident on left side with right knee bent toward chest.

____ 9. Place the bedpan at the foot of the bed within easy reach.

____ 10. Ready enema equipment.

____ 11. Put on disposable gloves.

____ 12. Expose resident's buttock by raising bathblanket so you can see anal area.

____ 13. Put lubricating jelly on paper towel and lubricate the tip of the enema tube. Expose resident's buttock and find anal area.

____ 14. Insert lubricated tube 2-4 inches through anus into rectum. If you feel resistance stop.

____ 15. Open clamp, hold enema container 12-18 inches above mattress. Ask resident to take slow breaths and slow down flow if painful.

____ 16. When most of solution is gone, close clamp slowly, remove the tube and wrap in paper towel.

Skills Checklist #31B continued (Solution Enemas)

____ 17. Help the resident onto the bedpan, place toilet tissue within easy reach or if the resident is able and allowed assist him/her to the bathroom. If resident uses bathroom ask them not to flush the stool.

____ 18. Give the resident the signal light. Check on the resident frequently.

____ 19. Clean and dispose of equipment while resident is on bedpan, in bath room.

____ 20. Check the contents of the bedpan/stool and note amount, color, and consistency.

____ 21. Remove disposable plastic bed protector. Help resident wash hands and make resident comfortable.

____ 22. Wash your hands.

____ 23. Report to your supervisory nurse.

Comments:

Instructor's Signature _____ Date _____

NURSE AIDE
Unit V

Skills Checklist #32
Giving Daily Catheter Care

Equipment: Disposable catheter care kit if used by your facility or materials listed in facility catheter care procedure. Soap and water, wash cloth, towel, disposable gloves (if used in your facility). graduate for emptying bag.

Name_____
Passed _____ Needs More Practice _____

Catheter Care

____ 1. Assemble equipment.

____ 2. Wash your hands.

____ 3. Tell the resident what you are going to do.

____ 4. Insure privacy and warmth.

____ 5. Put on disposable gloves being careful not to contaminate gloves before care.

____ 6. Cleanse area around meatus with cleansing solution. Gently separate labia on female, wash from front to back. Gently pull back foreskin on male, replace after cleansing.

____ 7. Cleanse four inches of the tube closest to the resident.

____ 8. Follow the facility's routine for applying antiseptic ointment.

____ 9. Discard gloves. Clean and put equipment away.

____ 10. Wash your hands.

____ 11. Report to supervisor that care has been given and any unusual observations.

Emptying Drainage Bag

____ 12. Assemble equipment. Wash hands.

____ 13. Observe CDC precautions.

____ 14. Open drain and let urine run into graduate. Be sure you do not contaminate drain.

(Turn Page)

Skills Checklist #32 continued

____ 15. Measure/record amount.

____ 16. Wash hands and record on I & O sheet.

Comments:

Instructor's Signature_____ Date_____

Skills Checklist #33
Heat and Cold Application

Aides are not to apply heat lamps, hair blowers, or heat cradles.

Equipment: Towel, thermometer, and equipment needed to make application.

Name_____
Passed _____ Needs More Practice _____

Heat Applications

____ 1. Check with the supervisor for permission to do application and to see where and how heat is to be applied.

____ 2. Wash hands.

____ 3. Assemble and prepare equipment.

____ 4. Be sure the temperature is correct-100°F. for warm soaks, 115°F. for warm compresses, 120°F. for hot water bottles, 105°F. for warm tub bath.

____ 5. Position the resident so he/she is comfortable. Use safety precautions to prevent falls and spills.

____ 6. If resident has a dressing in the area, follow instructions for removing or get assistance to remove.

____ 7. Check the resident frequently to see that the skin is not too red, or to note for discoloration under the heat application. If you have any questions, stop the treatment immediately and notify supervisor.

____ 8. Keep the application at constant temperature, change as needed.

____ 9. When treatment is finished-dry skin (pat dry, do not rub), apply lotion if appropriate, make resident comfortable.

____ 10. Clean equipment and put it away.

____ 11. Wash hands.

____ 12. Report to supervisor.

Cold Application

____ 13. Check with supervisor regarding what is to be applied to what area and how it is to be applied.

____ 14. Position the resident comfortably and explain what you will be doing.

____ 15. Wash hands.

____ 16. Assemble and prepare equipment.

____ 17. Apply with metal stopper or plastic cap of cold container away from resident's body. After application, cover all exposed body areas and keep resident as warm as possible.

____ 18. Check resident frequently. If he/she becomes chilled, or begins to shiver, stop treatment immediately and notify supervisor.

____ 19. Observe skin under application for blanching, paleness, whiteness or blueness. Observe other body parts (lips, fingernails, eyelids, earlobes) for same blanching, paleness, whiteness or blue color. If noted stop treatment and report, immediately.

____ 20. When treatment is finished, dry residents skin, apply lotion if appropriate, make resident comfortable.

____ 21. Clean equipment and put it away.

____ 22. Wash hands and report to supervisor.

Comments:

Instructor's Signature_____ Date_____

Skills Checklist #34
Providing Postmortem Care

Equipment: Clean sheets, clean gown, soap and water, chuxs.

Name_____
Passed _____ Needs More Practice _____

____ 1. Assemble equipment. Three identification tags to be completed by supervisor.

____ 2. Wash hands.

____ 3. Insure privacy. Ask family members to step out of the room. Explain that you will be preparing the body.

____ 4. Position body in supine position or as facility's policy states.

____ 5. Close the eyes if they are open.

____ 6. Replace dentures, if it is the agency policy.

____ 7. Close the mouth.

____ 8. Bathe body if needed and put on a clean gown.

____ 9. Comb hair if needed.

____ 10. Apply fresh dressing to wounds, if appropriate.

____ 11. Remove all personal belongings, mark for identification and record. Give to family if appropriate. Record.

____ 12. Fold arms over the abdomen and tie loosely. Attach I.D. tags to resident's wrist and right big toe.

____ 13. Clean bed and apply disposable chuxs.

____ 14. Place body on shroud or sheet and place on stretcher.

____ 15. Cover the body with a sheet or shroud and tie above elbows and below knees. Attach I.D. tag to shroud at waist.

____ 16. Wash hands.

____ 17. Report to supervisor that postmortem care has been completed.

(Turn Page)

Skills Checklist #34 continued

____ 18. Mortician will pickup the body.

____ 19. Clean unit.

Comments:

Instructor's Signature_____ Date_____